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COUNTY BOROUGH OF SOUTHEND-ON-SEA



# REPORT

ON THE WORK OF

**PUBLIC HEALTH DEPARTMENT**

For the Year 1952





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## COUNTY BOROUGH OF SOUTHEND-ON-SEA

### HEALTH COMMITTEE

*Chairman:*

Alderman Mrs. M. Broom

*Vice-Chairman:*

Councillor B. S. Clarke, M.P. S.

The Mayor

Alderman F. Cause

Alderman W. Bray

Councillor A. Crush

Councillor A. E. Hill, J.P.

Councillor F. W. Bacon

Councillor Mrs. F. Godfree

Alderman Mrs. C. Leyland, M. B. E.

Councillor Mrs. W. M. Dalwood

Councillor L. C. Pedder

Councillor Dr. Ritchie

Councillor F. C. Janes, D. F. C.

Councillor Mrs. V. Muncy

Councillor S. A. Telford

*Co-opted Members:*

B. F. Allen, Esq.

Dr. M. L. Maley

Mrs. L. A. Lewis

### CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mrs. S. Sylvester, B. F. Allen, Esq. and Revd. J. D. Mann, M. A.

### MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis, Miss M. E. Reay, C. B. E., J. P. & Dr. M. L. Maley.

### RESIDENTIAL ACCOMMODATION SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mesdames A. E. Jarvis, F. E. Monk and L. A. Lewis.

### JOINT HEALTH AND EDUCATION COMMITTEE.

*Chairman:* Councillor B. S. Clarke, M. P. S.

*Vice-Chairman:* Alderman Mrs. M. Broom.

The Mayor

Alderman W. Bray

Councillor L. C. Pedder

Councillor F. W. Bacon

Councillor A. V. Mussett

Councillor Dr. Ritchie

Alderman Mrs. C. Leyland, M. B. E.

Councillor A. Crush

Mrs. S. Sylvester

Miss M. E. Reay, C. B. E., J. P.

Councillor P. B. Renshaw, I. S. O.

## ANNUAL REPORT

I have the honour to report, in conformity with the requirements of Ministry of Health Circular 29/52, on the work of the Public Health Department during 1952. It contains a special survey of local health services provided under the National Health Service Act, being "an account of these services as existing at the end of 1952" together with "a general review of their working as part of the wider National Health Service, and particulars of the nature and results of the steps taken locally to link them up with other parts of the National Service."

Your vital statistics for 1952 afford cause for congratulation, as, for the first time, the infant mortality rate fell below 20 per 1,000, while in comparison with the previous year, the deaths (18) from pulmonary tuberculosis were reduced by more than half.

Infectious diseases made heavy demands on your staff and resources. The most severe outbreak of poliomyelitis ever recorded in the borough began at the end of June and continued well into the autumn. An explosive outbreak of food-poisoning occurred at the beginning of August and occasioned concern until its origins were traced.

To the Committees whom we serve, and to all my staff I am most deeply indebted as ever, and the opportunity of expressing thanks for all the obligations of which I am so sensible is most gratefully accepted.

*J. Stevenson Lofan.*

MEDICAL OFFICER OF HEALTH

VITAL STATISTICS, 1952.

POPULATION

Census 1951	...	...	...	151,830
At mid-year, 1952, as estimated by Registrar General				151,500
At mid-year, 1939, as estimated by Registrar General				137,800

Rates per 1,000

			SOUTHEND- ON-SEA.	England and Wales.	London Administrative County.
Births: Live.					
Total	...	2,072)			
Males	...	1,035)	13.82*	15.3	17.6
Females	...	1,037)			
Births: Still.					
Total	...	40)			
Males	...	20)	18.94	22.6	19.2
Females	...	20)			
Deaths:					
Total	...	2,007)			
Males	...	958)	10.87*	11.3	12.6
Females	...	1,049)			
Deaths from:					
Typhoid	...	-	-	0.00	-
Whooping Cough		1	0.00	0.00	0.00
Diphtheria	...	-	-	0.00	0.00
Tuberculosis	...	18	0.12	0.24	0.31
Influenza	...	2	0.01	0.04	0.05
Smallpox	...	-	-	0.00	-
Acute Poliomyelitis		6	0.04	0.01	0.01
Pneumonia	...	137	0.90	0.47	0.58

Rates per 1,000 Live Births

Deaths from all causes under 1 year of age:					
Total	...	40)			
Males	...	24)	19.31	27.6	23.8
Females	...	16)			
Deaths from Enteritis and Diarrhoea under 2 years of age:		1	0.24	1.1	0.7

Rates per 1,000 Total Births

Women dying in, or in consequence of, childbirth 2		0.95	0.72	Not available.
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**Note 1.** The rates marked \* are adjusted rates, being calculated by multiplying the "crude" rate by comparability factors, namely, Births 1.01. Deaths 0.82.

**2.** The rates for England and Wales and London Administrative County are based by the Registrar General on the quarterly returns and are designated "provisional".

POPULATION

The estimated mid-year population was unchanged from that of the previous year.

BIRTHS

There were 2,072 live births, one fewer than in the previous year. This is in accordance with the opinion previously recorded,



namely, that during the next few years the number of live births would not alter very much, and be of the order of 2,000 annually.

The number of illegitimate births was 136, being 25 more than in the previous year.

#### STILLBIRTHS

There was a welcome decline in the total of stillbirths from 46 to 40, - equivalent to a rate of 18.94 per 1,000 total births (live and still). This remains unfavourable when compared with the experience of the years immediately prior to 1951.

#### DEATHS

The number of Southend residents who died during the year was 2,007, being 166 less than in 1951. The more favourable experience of 1952 was not the same for each sex. There were 31 fewer male deaths in the age group 45-65 and 37 fewer in those over 75, whereas the reduction in female mortality occurred *almost entirely* in those over 75 years of age. It is concluded that the non-appearance of influenza was the main factor in the reduction.

The "corrected" death rate was 10.87 per 1,000 living as compared with the "crude" rate of 13.25. This marked difference is due to the disproportionate number of the elderly in our population.

*Tuberculosis.* The fall in the number of deaths from respiratory tuberculosis from 39 in 1951 to 18 (13 males and 5 females) is a most gratifying achievement, for this mortality is the lowest ever recorded in the history of the County Borough.

*Cancer.* There were 376 deaths (185 males and 191 females) being 6 fewer than in 1951. The 64 deaths from cancer of the female organs, (breast 50 and uterus 14) nearly balance the excess of male mortality (74 as compared with 14 female) from cancer of the lung.

*Vascular Lesions of the Nervous System.* There were 268 deaths (94 males and 174 females) from these cardiac causes as compared with 267 in 1951.

*Heart diseases.* There were 679 deaths (330 males and 349 females) from this cause; of these 561 (males 255 and females 306) were over the age of 65. Coronary disease and angina accounted for 309 deaths (males 179 and females 130), hypertension with heart disease for 64 (males 29 and females 35) and other forms of heart disease 306 (males 122 and females 184). Although the total mortality from these cardiac causes was 57 less than in the previous year, the male mortality remained unaltered. The reduction was due to a better female experience and occurred mainly at ages over 65, and particularly at ages over 75. It would appear likely that a number of deaths of older women ascribed to cardiac causes in 1951, was, in fact, associated with the epidemic of influenza.

Violence. Motor vehicle accidents caused 9 deaths (3 male and 6 female), a reduction of 8 on the previous year. All the male deaths came from the 15-25 age group, but of the females, 2 were under 15 years, 2 were between 45 and 65 and 2 were over 75. All other accidents caused 31 deaths (14 males and 17 females), a reduction of 18 on 1951, seen chiefly in males 15-25 (4), 65-75 (5) and females over 75 (7). There was a rise in the number of suicides from 18 to 23, being occasioned wholly by more female deaths, 3 of which were at ages 65-75.

#### *Infant Mortality*

There were 40 deaths in the first year of life as compared with 53 in 1951. This represents a rate of 19.31 per 1,000 live births as compared with the national rate of 27.6. *It is a new low record for Southend-on-Sea, this being the first occasion when the rate has been below 22, the figure for 1948.*

#### *Maternal Mortality*

Four mothers died during the year but only 2 of these deaths are ascribed to maternal causes.



## STAFF OF THE PUBLIC HEALTH DEPARTMENT

### *Medical and Dental Staff: Whole time.*

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health; School Medical Officer.

John Conway Preston, M.R.C.S., (Eng.), L.R.C.P. (Lond.), D.P.H., Deputy Medical Officer of Health; Deputy School Medical Officer.

John Greenhalgh, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; Assistant School Medical Officer.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.), Assistant Medical Officer of Health; Assistant School Medical Officer.

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Senior School Dental Surgeon.

Eric Horace Digby, L.D.S., R.C.S. (Eng.), Assistant School Dental Surgeon (resigned 31.10.52).

### *Medical Staff: Part Time.*

Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E. G. Sita-Lumsden, M.A., M.D. (Cantab.), M.R.C.P., M.R.C.S. Consultant Physician for Tuberculosis.

Ralph Norman, M.D. (Lond.), Medical Officer, Southend Infant Centre and Shoeburyness Infant Clinic.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S. (Eng.), L.R.C.P., (Lond.), Medical Officer, Southchurch Infant Centre.

Mary Cecilia Maley, B.A., M.B., B.Ch., B.A.C., Medical Officer, Westcliff Infant Clinic.

Thomas Lee, M.A., M.R.C.S., L.R.C.P., Medical Officer, Leigh Infant Clinic.

Joan Frankton, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., Medical Officer, Southend Infant Centre. (Paediatric Registrar, General Hospital, Southend-on-Sea).

G. Thornton Dudley, M.B., B.Ch., Medical Officer, Southend Ante-Natal Clinic.

### *Principal Lay Officer, Chief Clerk and Ambulance Officer:*

Mr. Ernest A. Beasant.

### *Health Visitors and School Nurses:*

Superintendent Miss E. M. M. Roberts (a), (b), (c).

Miss K. M. Burnett (a), (b).

Miss M. Butcher (a), (b), (c).

Miss M. N. Withams (a), (b), (c).

Miss D. E. Stevens (a), (b), (c).  
Mrs. A. M. Hart (a), (b), (c).  
Miss F. L. Blackburn (a), (b), (c).  
Miss M. K. Lock (a), (b), (c).  
Miss G. M. Willcocks (a), (b), (c).  
Miss B. M. James (a), (b), (c).  
Mrs. J. M. Fairfax (a), (b), (c).  
Mrs. U. MacGrath (a), (b), (c).  
Miss D. M. Purser (a), (b), (c).  
Miss L. M. Marshall (a), (b), (c).  
Mrs. M. Ince (a), (b), (c). Appointed 14. 7. 52.

*Tuberculosis Health Visitors:*

Mrs. E. E. Rowden-Roberts (a).  
Mrs. C. M. Wilson (a), (b), (c).

*Municipal Midwives:*

Mrs. A. L. Blackwell (b).  
Miss K. Boosey (b).  
Miss E. A. Burnett (b).  
Mrs. F. D. Etherington (b).  
Mrs. C. M. Eggleston (b).  
Miss A. M. Kerswell (b).  
Miss E. E. Powell (b). Deceased 18. 4. 52.  
Miss W. M. Randall (a), (b).  
Mrs. P. Priest (b).  
Miss R. Hodges (b).  
Miss I. G. Prince (a), (b).  
Mrs. C. M. Guildford (a), (b).  
Miss R. Willis (a), (b). Appointed 21. 8. 52.

*District Nurses:*

*Full-time Staff:*

Superintendent of District Nurses and Midwives,

Miss D. G. Head (a), (b), (c), (d).  
Miss C. Gallehawk (a).  
Miss R. R. McCallum (a), (d).  
Miss F. Poskitt (a).  
Mrs. A. L. Ventris (g)  
Mr. J. Guildford (a), (d).  
Miss W. M. Haines (a) Resigned 9. 11. 52.  
Mr. E. Stephenson (a), (d).  
Miss M. W. Nichols (a), (d). Resigned 31. 1. 52.  
Mrs. S. A. Franklin (a), (b).  
Miss A. M. Daplyn (a), (b), (d).  
Mrs. M. Ebsworth (a).  
Miss D. Bicknell (a). Resigned 21. 1. 52.  
Mr. T. B. Price (a), (d).



*Part-time Staff:*

Mrs. V. M. Baker (a), (b).  
Mrs. G. D. Lines (a), (d). Re-appointed 15.7.52.  
Mrs. D. E. Dawson (a). Resigned 16.7.52.  
Mrs. F. V. Monk (a), (b).  
Mrs. H. Merrick (a). Resigned 30.4.52.  
Mrs. M. Taylor (a), (b), (c).  
Mrs. C. Cumberland (a).  
Mrs. A. Hillman (e).  
Mrs. M. C. Ross (a).  
Miss I. E. Cooper (a). Resigned 27.2.52.  
Miss H. Maddox (a).  
Mrs. M. Tomblin (a). Resigned 2.4.52.  
Mrs. I. Beckwith (a).  
Mrs. M. L. Hemmings (a).  
Miss A. Fowlis (a). Resigned 31.7.52.  
Mrs. E. Coote (a). Resigned 16.1.52.  
Miss K. Macaskill (a). Resigned 29.2.52.  
Mrs. G. Apperley (a). Appointed 17.1.52.  
Mrs. B. Brown (a). Appointed 21.1.52.  
Mrs. A. Ayres (a). Appointed 31.1.52.  
Mrs. C. Jolly (a). Appointed 18.2.52.  
Mrs. J. E. Beckwith (a). Re-appointed 15.7.52.  
Mrs. V. Blaylock (a), (d). Appointed 24.11.52.  
Mrs. G. Garforth (a). Appointed 4.11.52.  
Mrs. S. K. Murphy (a). Appointed 4.11.52.  
Mrs. S. Petty-Mayor (a). Appointed 11.11.52.  
Mrs. D. M. McCrea (a). Appointed 22.12.52.  
Mrs. D. Robinson (a). Appointed 29.12.52.

a = State Registered Nurse  
b = State Certified Midwife  
c = Health Visitor's Certificate  
d = Queen's Nurse  
e = Certificate of R. M. P. A.  
f = State Registered Mental Nurse  
g = State Enrolled Assistant Nurse  
h = State Registered Fever Nurse

*Chief Sanitary Inspector:*

Mr. R. A. Drake, B. E. M., M. R. S. I. (a), (b).

*Deputy Chief Sanitary Inspector:*

Mr. J. H. Lott (a), (b).

*Assistant Sanitary Inspectors:*

Mr. A. C. Arnold (a), (b).  
Mr. E. A. Smith (a), (b).  
Mr. R. E. Williams (a), (b).  
Mr. A. E. Riches (a), (b).  
Mr. M. J. Desmond (a), (b).  
Mr. P. Adams (a), (b).  
Mr. A. G. Nightingale (a), (b).



*Rodent Officer:*

Mr. G. Reynolds.

a = Certificate of R.S.I. and Sanitary Inspectors  
Joint Board.

b = Certificate of R.S.I. for Inspection of Meat  
and other Foods.

*Home Teacher to the Blind:*

Miss N.G. Westby, Certificated Home Teacher.

*Mental Deficiency Officer:*

Miss M.A. Brock, Social Studies Certificate, University  
of London.

*Duly Authorised Officers:*

Mr. E. W. Smith

Mr. G. Dawson

*Supervisor of Home and Domestic Helps:*

Mrs. F. E. M. Goddard.

*Superintendent of Connaught House:*

Mr. W. L. Jones.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

While there were few changes except in the part-time staff of the Home Nursing Section, recruitment for all posts continued difficult. In the circumstances of today the local government service is becoming less attractive to the administrator and technician alike. Notwithstanding the slow adjustment of salaries these remain for the greater part unattractive in comparison with those offered by industry and commerce, while at the same time there has been a great expansion in the demand for the skill and ability of which we have need. The difficulties of maintaining adequate establishments appear likely to increase and the time cannot be far distant when local authorities generally, will require to give serious consideration to their prospects of maintaining local government at its present level of efficiency.

It is with regret one records the death of Miss E.E. Powell (Mrs. E.E. Kendle) during the year. She was appointed municipal midwife in the Eastwood area in 1937 where she was already established in practice. The scattered development of Eastwood, the large number of unmade roads and the difficulties of communication made the work arduous and responsible. Her popularity with the people of Eastwood is eloquent testimony of the esteem in which she was held and the way in which she discharged her duties.

## NATIONAL HEALTH SERVICE ACT 1946.

### SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

#### 1. ADMINISTRATION.

All of the Council's functions under the National Health Service Acts are carried out by the Health Committee which, in addition to the duties ordinarily assigned to a committee so titled, is responsible also for the authority's functions under the National Assistance Act 1948, (Section 50 excepted).

The Health Committee is formed of 15 members of the Council together with 3 co-opted members, representing the Southend Group (no. 15) Hospital Management Committee, the Southend Local Executive Council and the Southend Local Medical Committee respectively.

There are three sub-Committees of the Health Committee, viz:  
Maternity and Child Welfare Sub-Committee.  
Care, After-care and Welfare Sub-Committee.  
Residential Accommodation Sub-Committee.

Each Sub-Committee consists of the whole of the Council members of the Health Committee, and three co-opted members who have special experience of the work assigned to the respective sub-committees.

The Maternity and Child Welfare Sub-Committee deals more specifically with the ante-natal, post-natal clinics, the infant welfare centres, the domiciliary midwifery service and the home help scheme.

The Care, After-Care and Welfare Sub-Committee deals with prevention, after-care, rehabilitation and convalescence and the welfare of handicapped persons.

The Residential Accommodation Sub-Committee's duties are to be inferred from its title.

With the exception of some matters concerned with the enforcement of statutory requirements and bye-laws, the granting of licences and the effecting of registrations, the Health Committee has no delegated powers, nor has any substantial difficulty been caused by their absence.

The medical officer of health is generally responsible for control, supervision and co-ordination of the services, his deputy is more particularly concerned with the school medical service, infectious diseases, the mental deficiency section and general assistance with administration. The principal lay officer supervises the ambulance service, the domestic help scheme, all administrative aspects of after-care, welfare and residential



accommodation, as well as dealing with the general work of the department.

There is a superintendent health visitor, a superintendent of home nursing who also supervises the domiciliary midwifery service, and a supervisor of domestic help. There is no senior nursing officer charged with the overall co-ordination of these services, the responsible sectional heads being encouraged, and indeed expected, to secure adequate co-operation and mutual help at their own levels. So far, these arrangements have proved to be both economical and fully adequate.

## 2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

These arrangements are based on common membership of the bodies providing and controlling the various parts of the National Health Service locally. Reference has already been made to the constitution of the Health Committee. Six members of the C.B. Council, five of whom are members of the Health Committee together with one co-opted member of the latter, serve on the Local Executive Council. The Chairman of the two group Hospital Management Committees with which we are chiefly concerned, are both Aldermen of the Council but not members of the Health Committee, the Chairman of the Health Committee is a member of the Southend Group Hospital management committee, and other members of the Council and the Health Committee also serve on the hospital management committees.

The Medical Officer of Health is a member of the three bodies mentioned above, a member of the local medical committee and of the medical advisory committee of Runwell Hospital.

The compactness of the area, the tradition of co-operation between the local authority and the former voluntary hospital and common membership of various governing bodies have made for smooth working and good understanding, and little more is either feasible or desirable in this direction.

There is however one aspect which has caused misgivings since the Act came into operation, namely, that membership of the medical advisory committee of No. 15 Group hospital management committee is restricted to senior members of the medical staff, with the result that general practitioners and local authority's medical officers have no direct opportunity of influencing medical policy in its formative phase. Recently there has been a general recognition of the need for improved arrangements for the formulation of professional advice, and a small liaison committee of general practitioners and senior hospital medical staff has been formed. This arrangement, while being a step in the right direction has two weaknesses; reference to the liaison

committee is not automatic and occasions some further delay in an administrative system which is prodigal of time, and there is no professional representation from the local health authority side.

The health visitors undertake enquiries in specific instances on request from the medical and surgical staffs. The figures in connection with the work of the home nursing and ambulance service show to what increased extent outpatient investigations and treatment is superseding hospitalisation, and how much our district nurses reduce the call on hospital beds. The education authority has provided premises for the eye clinic, the orthoptic clinic and the child guidance clinic, and undertakes the administrative and clerical work in connection with them.

No special steps have been taken to inform either general practitioners or the public about the services available or as to how their help can be obtained. At this point of time action along these lines does not appear necessary, nor is it considered that a guide to the local health services should be issued just now.

### 3. JOINT USE OF STAFF AS BETWEEN: -

LOCAL HEALTH AUTHORITY.	and	REGIONAL BOARD OF HOSPITAL MANAGEMENT COMMITTEE.
Deputy M. O. H.		i/c I. D. Wards in absence of Physician Supt.
Deputy M. O. H.		Clinical Assistant Paediatric Department.
Senior School Dental Surgeon.		Sessional treatment at hospital.
Obstetric Adviser and Medical Supervisor of Midwives.	}	Consultant Obstetrician.
Ante and Post Natal Clinic.		
Consultant to Day Open Air School.		Consultant Paediatrician.
Infant Welfare Clinic.		Paediatric Registrar.
Tuberculosis: prevention and after care.		Consultant Physician for Tuberculosis.
Director of Child Guidance Clinic.		Consultant Psychiatrist.
Epidemiological Enquiries.		Physician Supt. I. D. Wards.
Administration of dental anaesthetics.		Anaesthetists.
Certain ante-natal clinics.		Medical and Midwifery staff.
Therapeutic Social Club.		Medical and P. S. W. Staff Runwell Mental Hospital.



## AS BETWEEN

LOCAL HEALTH AUTHORITY	and	GENERAL PRACTITIONERS
Infant Welfare Clinics		<b>General Practitioners -</b> <b>(6½ sessions).</b>
Ante-Natal Clinic.		<b>General Practitioners -</b> <b>(one session).</b>

(The title of the officer in respect of his main employment or category is shown in bold type, The description of the duties he performs for another branch of the Health Services in Roman Type).

### 4. USE MADE OF VOLUNTARY ORGANISATIONS IN LOCAL HEALTH SERVICES.

<b>Care of Unmarried mothers and Infants.</b>	Southend Branch of Diocesan Moral Welfare Association.
<b>Tuberculosis Care &amp; After Care.</b>	Southend Civic Guild of Help.
<b>Ambulance Transport. (part)</b>	St. John Ambulance Brigade.
<b>Ambulance Transport. (part)</b>	Hospital Car Service.
<b>Provision of Nursing Requisites.</b>	St. John Ambulance Brigade.
<b>Library facilities and O.T. for patients suffering from open tuberculosis.</b>	British Red Cross Society.
<b>Contraceptive advice to patients referred on medical grounds.</b>	Southend-on-Sea Women's Welfare Clinic.
<b>Recuperative Holidays.</b>	Invalid Children's Aid Society and various voluntary homes
<b>Placement of Mental Defectives.</b>	National Association for Mental Health.

(The description of the duty or service is shown in bold type).

### 5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

There are eight maternity and child welfare centres; the three provided in *ad hoc* premises are adequate and satisfactory, but at the remainder facilities are severely limited by reason of the premises being used for a variety of other purposes. A site for a centre has been acquired at Shoeburyness, and sites are reserved at the Gaynes Park, Temple Sutton and Wick Farm Housing Estates.

#### *Mothers Clinics.*

With the exception of a weekly ante-natal clinic at the General Hospital, Southend, and a relaxation clinic at the General Hospital, Rochford, all official organised ante-natal care, irrespective of the place at which the confinement is

expected to take place, is carried out in four centres provided by the Authority, three of which are in *ad hoc* premises. No assistance is given at clinics in general practitioners' own premises.

Routine ante-natal clinics weekly - 7 sessions at 4 centres.  
Specialist ante-natal clinics weekly - 1½ sessions at 2 centres.  
Specialist post-natal clinics weekly - 1½ sessions at 2 centres.

The Local Health Authority pay professional fees for one specialist and one routine session each week, but other costs of the clinics are shared between the Hospital Management Committee and the Local Health Authority in proportion as the births take place in hospital or elsewhere.

#### *Facilities.*

In addition to the customary routine facilities, specimens of blood are taken from all mothers attending the ante-natal clinics; these are examined in the hospital management committee's laboratories for the presence of Rhesus factor, Wassermann and Princes precipitation reactions; the amount of haemoglobin is also estimated. The Health Visitors take every opportunity for individual instruction in mothercraft, and group instruction by health visitors is available, chiefly for primiparae, on 3 sessions weekly; this education is increasingly popular. When the services of a physiotherapist are available, relaxation classes are provided for two sessions weekly. Maternity outfits providing items recommended by the Ministry of Health are available through the clinics for all women entitled to them. The municipal midwives are encouraged to present themselves at the ante-natal clinics when their patients attend.

During 1952, the number of individual mothers attending the ante-natal clinics provided under the arrangements described above, was 2044, that is, over 90% of expectant mothers, some however, came only for blood examination, and others for specialist consultations only. Total attendances were 10,625.

#### *Post-Natal Clinics.*

Minor treatment for cervicitis, fissure-in-ano and mild degrees of prolapse is available and there is a follow-up of patients who have exhibited severe pregnancy anaemia. There were 1,565 attendances made by 841 individual mothers, i.e. 39% of total number of births during 1952.

#### *Child Welfare.*

An average of 12 infant and toddler clinics is provided weekly representing 7½ sessions conducted by medical practitioners, and 4½ solely by Health Visitors. With the exception of the session conducted by the hospital paediatric registrar, all medical sessions are provided by general practitioners. No specialist clinics are provided, and no assistance is given at general



practitioners' surgeries. Reference to the paediatric department of the hospital is easy, and full advantage is taken of this facility. To enable the best use to be made of the health visitors, the equivalent of 1½ clinic assistants is employed on routine duties.

There is a long tradition of voluntary work for infant welfare and continuous assistance has been received since 1913. At most of the centres voluntary workers receive the mothers, give assistance with records and in some instances weigh infants.

Total infants under 1 year in attendance	=	1,468
= 70% of estimated live births.		

Total attendances	=	2,880
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Total children 1-5 in attendance	=	2,558
(approx 33% of estimated population aged 1-5)		

Total attendances made	=	6,327
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#### *Other Provision.*

Convalescent home treatment for children and recuperative holidays for mothers are provided as necessary.

Unmarried mothers and their infants are cared for by the Southend-on-Sea Branch of the Chelmsford Diocesan Moral Welfare Association. The work is based on St. Monica's, the mother and baby home. The Authority, which is represented on the governing body, makes an annual grant of £200 and pays a weekly fee of £3. 5s. in respect of each mother for whom responsibility is accepted.

A grant of £25 p.a. is made to the Southend-on-Sea Women's Welfare Clinic towards the cost of treatment of patients referred from the clinics on medical grounds.

#### *Care of Premature Infants.*

The arrangements are satisfactory and equipment is available on loan where necessary. Liaison with the hospital, where there is a very good premature baby unit, is excellent and easy; an incubator and supplies of oxygen are available during transportation. All premature infants (19) born outside hospital in 1952 survived, one being transferred to hospital.

#### *Supply of Dried Milk etc.*

By arrangement with the Ministry of Food, Welfare Foods are available at all infant welfare sessions. In addition the Authority provides parallel facilities for sale at "clinic prices" of various proprietary foods and supplements. Where necessary these are provided at the cost of a voluntary fund.

### *Dental Care.*

Dental treatment of expectant and nursing mothers and young children is provided through the school dental service; the authorised establishment of which is three dental surgeons. The Local Education Authority has been unable to make any appointments in recent months and the senior dental surgeon continues to work single handed. No response was received following enquiries about private practitioners who might be willing to undertake sessional work in the Authority's surgeries. Treatment is principally of an emergency character, but a few dentures are supplied from time to time. Fifty-three expectant and nursing mothers and 129 children under five received treatment under these arrangements during the year 1952.

### 6. DOMICILIARY MIDWIFERY.

There are 12 full time domiciliary midwives whose work is organised by the superintendent of home nursing. The medical supervisor of midwives is consultant obstetrician to the local hospitals and obstetric adviser to the authority. Four domiciliary midwives provide motor cars for which the appropriate mileage allowance is paid, one has a motor cycle and five use bicycles. Transport passes are also provided, and as necessary, motor transport is arranged through the Authority's transport pool; there is also recourse to private hire. Municipal midwives are encouraged to attend the clinics where their patients have unrestricted access to both the ordinary and the specialist sessions.

Only one midwife has not been trained in the administration of analgesia and her retirement on reaching the age limit is imminent. About 52% of the births took place in hospital, rather more than 35% were attended by municipal midwives and the remainder occurred very largely in nursing homes. There is practically no private domiciliary midwifery. A high proportion of patients make arrangements for "maternity medical services" as is evidenced by the fact that the local executive council made gross payments to practitioners of £9,418 during the year ended 31.3.53 under this head.

Midwives are encouraged to exchange information with the doctors providing "maternity medical services" for their patients. A significant proportion of practitioners have expressed themselves as being unwilling, save in a grave emergency, to accept the responsibility of providing medical aid for patients whom they have not had an opportunity of seeing during their pregnancy. The selection of patients recommended for admission to hospital is made by the consultant obstetrician upon reports furnished by the council's health visitors. The Authority defrays the expenses



of midwives attending refresher courses; pupil midwives from the hospital's Part I training school attend some of the ante-natal clinics.

During 1952 Municipal Midwives attended 658 births as "midwives" and 92 as "maternity nurses". Gas and Air Analgesia was administered to 459 patients or 61%. There were no significant differences between the proportion of administrations to the two groups of patients.

#### 7. HEALTH VISITING.

There are fourteen health visitors and school nurses, and two tuberculosis health visitors whose work is organised by the superintendent health visitor. The department carries out the Authority's functions under the National Assistance Act, 1948, and with the exception of mental illness, mental deficiency and blindness, the health visitors undertake all domiciliary visiting required.

Reference has already been made to the 4½ weekly infant sessions attended solely by health visitors. No specific arrangements are made to link up the health visiting service with the work of local general medical practitioners, but there is a fair amount of unofficial consultation and exchange of information.

There are no suitable officers who do not already possess the health visitor's certificate. Arrangements are made at the request of various institutions providing training in health visiting, to afford their pupils practical experience and training in the department. Facilities for refresher courses are provided in accordance with the recommendation of the Rushcliffe committee.

#### 8. HOME NURSING.

The home nursing service is controlled by the superintendent of home nursing; the authority is desirous of appointing a deputy whenever a suitable candidate presents. The present authorised establishment is the equivalent of 24 full time district nurses which contrasts with 8 when the authority took over this service in 1948 from the Southend General Hospital.

Extensive use is made of part-time nurses, and indeed, it would have been impossible to provide and develop this service without their assistance. On the 31st December, 1952, there were 7 full time women nurses (2 Q.N.); 3 full time men nurses (3 Q.N.) and 21 part time women nurses (2 Q.N.). The authority has provided "Queen's" training for officers who desire it, and sponsored suitable candidates from outside its service for training. Two district nurses provide their own cars and receive the appropriate mileage allowance, a third receives a motor cycle allowance. The men are provided with motor cycles and three women

have the use of motor-assisted bicycles. Bicycle allowances are paid to nurses who are willing to make use of this method of transport.

The liaison with the hospitals is through the superintendent of home nursing and is entirely satisfactory. The same may be said of the working arrangements with general medical practitioners. Requests for the services of district nurses are received at this office, and outside office hours, by the superintendent at her residence, arrangements being made for the re-routing of these calls to other members of the staff as may be necessary. Extensive use is made of the telephone for the transmission of instructions to district nurses, each of whom reports to the superintendent twice daily by this means. The district nurses attended 4,273 patients and made a total of 87,291 visits during 1952. Detailed particulars of the conditions for which they provided nursing appear elsewhere in the report, but it is noteworthy that 482 patients were prepared for X-ray and other investigations at the hospitals.

Seventeen patients suffering miscarriages were nursed and 53 patients, most of whom were discharged prematurely from hospital, received attention during the puerperium.

The introduction of men district nurses has been most successful and further appointments will be made. No night service is available, nor in present circumstances, is it likely the Authority will be able for some time to do more than maintain the present ordered development of the service. No refresher courses for nursing staff have yet been arranged.

#### 9. VACCINATION AND IMMUNISATION.

To persuade parents to accept vaccination and immunisation for their children is primarily the task of the health visitors who use the opportunities afforded by domiciliary visits, attendance at clinics, routine medical inspection and follow-up of school children, to further this purpose. A "birthday" letter is sent to every child who attains the age of one, for whom we have not received a record of immunisation. When school children attend for the first routine medical inspection their parents are reminded about the need for a "booster" injection. No arrangements for immunisation against whooping cough are yet made by the local health authority, but there is evidence that substantial use is made by general practitioners of the various proprietary antigens now available. When the final results of the whooping cough vaccination trials are known, the Authority will reconsider its policy in the matter. In 1952 general practitioners fully immunised 591 children against diphtheria and administered 140 "booster" doses. Under the Authority's arrangements 369 children were fully



immunised and 357 received "booster" doses. General practitioners carried out primary vaccination for 138 children under the age of one while 135 in the same age group were dealt with under the Authority's arrangements.

#### 10. SECTION 27 - AMBULANCE SERVICE.

The basic arrangements for the operation of the ambulance service have varied but little since July, 1948, and can be summarised as follows:-

The accident service and the conveyance of non-infectious stretcher patients are undertaken by the local division of the St. John Ambulance Brigade on an agency basis, and during 1952 the Brigade maintained five ambulances for this purpose. The Health Committee provide the infectious diseases ambulance service direct with two ambulances and, as and when necessary, augment the work of the Brigade. Transport of sitting cases is undertaken in the main by the hospital car service, which is augmented by a specially designed sitting case vehicle owned by the local authority and based on the General Hospital, Southend, for the transport of patients to and from the outpatient department. Use is also made of cars from the Corporation Car-pool, particularly for the transport of patients to mental hospitals.

The following table gives particulars of the work undertaken during the year 1952:-

Service	Mileage	Patients Carried	Journeys	
			Patients Carrying	Abortive or Service
St. John Ambulance Brigade	70,561	8,116	3,130	112
I.D. Ambulances ...	6,707	1,062	729	59
Sitting-Case Vehicle ...	19,950	9,483	2,002	36
Corporation Car-Pool ...	9,457	309	297	1
Hospital Car Service ...	127,553½	24,089	3,594	-
Private Hire Cars ...	360	12	11	-
	234,588½	43,071	9,763	208

(N.B. "Patient" means one patient carried once in one direction.  
 "Journey" means a vehicle's round trip from the place where it normally awaits orders, home to that place.)

The statistics as now prepared in the form prescribed by the Ministry are different from former years and any comparison in the number of patients carried would therefore be misleading. The following table shows the mileage undertaken by ambulances and sitting-case vehicles respectively since the inception of the service.

Total Mileage	1948 (6 months)	1949	1950	1951	1952
<b>Ambulances:</b>					
St. John Ambulance Brigade	29,967	71,998	71,615	66,787	70,561
Infectious Disease Ambulances	3,187	6,604	7,933	7,876	6,707
Total Ambulance Mileage	33,154	78,602	79,548	74,663	77,268

	1948 (6 months)	1949	1950	1951	1952
<b>Sitting-Case Vehicles:</b>					
Sitting-Case Ambulance ...	-	-	-	10,490	19,950
Hospital Car Service ...	24,873	89,367	126,952	119,622	127,553
Corporation Transport Pool	738	4,506	4,501	9,010	9,457
Private Hire Cars ...	-	-	-	388	360
<b>Total Sitting-Case Mileage</b>	<b>25,611</b>	<b>93,873</b>	<b>131,453</b>	<b>139,510</b>	<b>157,320</b>

It will be seen that although the mileage for stretcher patients shows but little variation, that for sitting patients continues to increase. As pointed out in my report for 1951, there is a point beyond which neither the Council nor its officers can limit expenditure on this service; statutorily the only limiting factor is "need", and the service must necessarily follow hospital policy. Since the ambulance service is "free" to the user, an increasing number of patients who formerly used private or hired cars for their visits to hospitals, now avail themselves of the ambulance service, whilst the growth of special hospital centres, accelerated "turnover" of hospital beds and increased out-patient treatment and investigation, all increase the calls upon the ambulance service which cannot be regulated by the Local Authority.

The general practitioners, and the transport officers of the hospitals, all assist in avoiding abuse of the service, and the drivers themselves not infrequently make informal suggestions to this end.

It must be reiterated that a doctor's opinion on the method of transport to be provided for his patient can often be varied by explanation and persuasion but he still must have the last word. It can be difficult to persuade a doctor that his patient will experience a more comfortable and quicker journey by rail with ambulance transport between stations than he would by ambulance transport from door-to-door over a long distance, but more and more this alternative is being accepted.

While it cannot be said there are no abuses of the service, we are satisfied that all practicable steps have been taken to reduce these.

In a seaside resort there must always be visitors and day trippers, who as a result of accident or illness need the help of the ambulance service, often over considerable distances, to return them to their homes.

The specially fitted sitting case ambulance which was brought into use in 1951 has proved very successful and financial provision has been made to purchase a similar vehicle during the current year.

The amounts paid to bodies providing agency services since 1948 were:



	1948			1949			1950			1951			1952		
	£	s	d	£	s	d	£	s	d	£	s	d	£	s	d
St. John Ambulance Brigade	1975	9	11	4877	1	2	5497	18	6	5330	13	2	8123	1	4
Hospital Car Service	648	13	5	2331	11	9	3338	12	0	3202	0	6	3732	11	3

Owing to increases in wages and the cost of petrol, rates of payment for work undertaken by the St. John Ambulance Brigade have increased considerably since 1948, and to a lesser extent for work undertaken by the Hospital Car Service also, as the following table shows:-

St. John Ambulance Brigade	1948	1952
Accident Service.	£1000 p. a.	£1137.10.0.p.a.
Patients removed to or from General Hospital, Southend, or other addresses within the area of the authority.	8/6d. per case.	10/6d.per case + 15%
Patients removed to or from General Hospital, or Connaught House, Rochford.	12/6d.per case.	15/6d.per case + 15%
Patients removed to or from Runwell Mental Hospital.	£1.1.0.per case.	Mileage basis.
Patients removed to or from places outside the area of the authority.	1/- per mile.	1/9d.per mile + 15%
Hospital Car Service		
Use of Hospital Car Service cars	6¼d. per mile.	7¼d. per mile for first 800 miles per driver per month and 5¼d.per mile additional.

It might well be feared lest a composite service of this kind, provided jointly by two voluntary organisations and the Authority, should not work satisfactorily. In fact, the arrangements have proved adequate and economical.

Special mention should be made of the Ambulance Consultative Committee in which representatives of the Authority and its officers meet and confer with officers of the Brigade. The meetings of the Committee have been harmonious and fruitful, difficulties have been frankly discussed and acceptable solutions found. Each side has acquired a deeper knowledge of the other, and confidence has grown steadily. While the Brigade and the Hospital Car Service can continue to attract officers of the calibre and administrative ability of the present office-holders, the prospects for satisfactory co-operation are good.

#### 11. PREVENTION, CARE AND AFTER-CARE.

##### 1. Tuberculosis.

The co-ordination of the arrangements for prevention, care and after-care of tuberculosis with the diagnostic and treatment branches, is considered to be as complete as is practicable outside a unified service. The local authority enjoys the services of the

consultant physician for tuberculosis in respect of the functions for which it is responsible. The well-equipped chest clinic is within 300 yards of the Health Centre and there is excellent liaison between all officers. During the year a case assistant was appointed to work from the Municipal Health Centre and to attend at the Chest Clinic as appropriate. Her main duties are to consider how advice about the patient's affairs can best be translated into practical action; to assist him in his dealings with all the agencies which are available to help him and family; to co-operate with the After-Care Sub-Committee of the Southend Civic Guild of Help, and with the D.R.O. of the Ministry of Labour and National Service; and to deal with the administrative work arising out of rehabilitation, colonization and convalescent and recuperative holidays.

The weekly staff conference, the working of which has been described in previous reports, continues to be of the utmost assistance to all the officers who have any concern with the tuberculous patient and his family. Housing difficulties occupy the major part of the agenda and much useful work has been accomplished in determining the best advice to give the Housing Committee. The care and attention which the latter gives to our recommendations is the best indication of the value placed upon them.

The Council makes a grant of £500 p.a. to the Civic Guild of Help, a Sub-Committee of which deals with the actual case work. Two members of the Health Committee of the Council together with the consultant physician for tuberculosis, the principal lay officer, and the case assistant serve on this sub-committee. The arrangements for B.C.G. vaccination are working satisfactorily and the tuberculosis health visitors have done much valuable work in persuading parents to accept this treatment for their children. There is close contact between the medical officer of health and the consultant physician for tuberculosis regarding the epidemiology of this disease, especially when new cases are notified from factories, food premises and in school children.

Liaison with the mass miniature radiography unit based on Broomfield Hospital is excellent and as a preliminary to a recent visit, patch testing was offered to all school children born prior to September 1st, 1938, all positive reactors being subsequently invited to attend the unit. In addition every assistance is given to the organiser in planning and providing facilities for the visits of the unit. Extensive use is made of the Council's ambulance service in bringing patients for X-ray examination and the home nursing and home help services have invariably done their utmost to meet the recommendation and wishes of the consultant physician for tuberculosis.



## 2. *Illness Generally.*

The Authority provides recuperative holidays for patients referred from the hospitals and by general practitioners. Requisites for nursing in the home are available on loan from the St. John Ambulance Brigade to whom grants are made from time to time for replacements and additions. Special items of equipment of an expensive nature which ought to be available for long periods are provided direct by the Authority and the charges made for these generally cease when the initial cost of the equipment has been reimbursed, the article then becoming the property of the patient. It can be said with confidence that the administrative arrangements are such that the whole of the resources of the department are easily and rapidly deployed as they may be required for any particular reason.

### 12. DOMESTIC HELP.

Great use is made of this service as the area has a disproportionate number of elderly people. The authority has adopted a policy of ordered expansion and during the year an average of 2888 women hours weekly was provided. There is a nucleus of full time employees but the part-time workers still provide the major portion of the service. An attempt is made during the summer months to reduce somewhat the number employed so as to allow of more assistance being available in the winter months when the demands on the service are particularly heavy. The system of administration provides for the prompt investigation of all applications for assistance, and a need for informing applicants promptly what can be done is constantly impressed upon the officers. Frequent visits by the supervisory staff ensure good contact with the persons assisted and the employees. Help is assigned on the instructions of the supervisor and assessments made in accordance with a scale which is reviewed from time to time by the Authority. Each assignment is reviewed at the end of one and three months respectively by the Case Sub-Committee of the Health Committee, and thereafter at intervals of three months. There are no organised facilities for training workers but from time to time instructions are given particularly in regard to the prevention of infection.

#### *Domestic and Home Help Scheme 1952.*

Staff employed

	On 1.1.52	On 31.12.52
Full time ... ..	19	21
Part-time ... ..	100	114
Casual ... ..	1	2
	<u>120</u>	<u>137</u>

Domestic and Home Help Scheme 1952 -contd.

Number of cases assisted:-

Domestic Help cases	712
Home Help cases	313

of these

526	were assisted under 1 month
225	" " 1-3 months
102	" " 3-6 months
91	" " over 6 months
81	" " over 12 months

13. HEALTH EDUCATION.

This is primarily carried out by the health visitors at organised group teaching at ante-natal and infant welfare clinics. At nearly all secondary modern schools the health visitor and school nurse is engaged upon the regular instruction, within the frame-work of the school curriculum, of the senior girls.

Women's organisations are very active in the area and most of them include talks by health visitors in their annual programmes. The health visitors are interested in the prevention of accidents in the home and arrangements are in train to form a group for affiliation to the Royal Society for the Prevention of Accidents.

The hygiene of food premises is of considerable importance in a holiday resort, and much attention is paid by the Chief Sanitary Inspector and his section to the education of food handlers.

14. SECTION 51 . MENTAL HEALTH SERVICE.

(1) Administration.

There is no Mental Health Sub-Committee, the Council's duties being discharged by the Care, After-Care and Welfare Sub-Committee of the Health Committee. This arrangement continues to work well.

**Staff.** A mental deficiency officer (woman) who holds the Social Studies Certificate (London University) and two duly authorised officers (men), all of whom are employed full time on mental health duties. The M.O.H. and his deputy, who are designated as duly authorised officers, personally supervise and co-ordinate the work of this section. Two other medical officers are also designated, but are only called upon in emergency.

**Co-ordination with other agencies.** Chiefly informal, being promoted by certain members of the Health Committee being also members of the Hospital Management Committees in the area. The M.O.H. is a member of the Runwell Hospital Management Committee, having been nominated by the medical staff. There is



no joint use of officers, but provision for this was made in the Authority's proposals. No duties are delegated to Voluntary Associations, and no further arrangements for the training of mental health workers have been made.

*General.* The mental health services have continued to develop satisfactorily along the lines decided in 1948, and there is reason to believe that the arrangements now made by the Council under the National Health Service Act are already an advance on what obtained previously.

(ii) *Account of work undertaken in Community.*

(a) *Under Section 28 National Health Service Act, 1946.*

No organised measures are taken for the prevention of mental illness. The Authority intends to provide an occupation centre as soon as suitable premises can be obtained. Suitable patients were formerly maintained in Mental After Care Homes pursuant to the powers of this Section, but many administrative difficulties arose, principally because this provision appeared more generally to be made under the National Assistance Act 1948 and the authority has rather reluctantly now conformed to this procedure.

(b) *Under Lunacy and Mental Treatment Acts 1890/1930.*

The duly authorised officers, in addition to their statutory duties, increasingly provide social histories for the information of the hospitals, undertake such after-care work as is requested by the hospital consultants, and act in close liaison with them and the general medical practitioners, often accompanying patients to the Psychiatric Out-Patient Department.

There is a growing tendency for the relatives of patients and even the patients themselves to consult the duly authorised officers about a wide variety of problems, and patients in the community who are notoriously subject to relapses and episodes are being informally visited by duly authorised officers.

*Mental Illness: Work of the Duly Authorised Officers: 1952.*

Patients admitted to Runwell Hospital:-

	Males	Females	Total
Lunacy Act, 1890			
(a) Section 11. Urgency Order	11	29	40
(b) Section 16. Summary Reception	26	75	101
Mental Treatment Act, 1930			
(a) Section 5. Temporary Patients	-	5	5
(b) Section 1. Voluntary Patients	51	83	134
(c) Section 1. Voluntary Patients, direct admissions	39	40	79
Patients admitted to Rochford General Hospital, Observation Wards:-			
Lunacy Act, 1890			
Section 20 (3-day orders)	47	63	110
Total	174	295	469

*Mental Illness: Work of the Duly  
 Authorised Officers: 1952. - contd.*

	Males	Females	Total
Cases referred to the Department in which no statutory action was taken	49	131	180
Total number of visits made in connection with duties under Section 51, National Health Service Act, 1946...	21,220		

*(c) Under Mental Deficiency Acts 1913 - 1938.*

(i) Arrangements for ascertainment begin with liaison with the infant welfare centres and thereafter with the schools. Other sources of referral are the police, the National Assistance Board and the general practitioner. Ascertainment can be said to be more complete than are the means, institutional and otherwise, for caring for the defective.

In contrast to what obtains in regard to the mentally ill, the community care of defectives on licence is almost entirely undertaken by the Authority's own staff, with satisfaction to the managers of the institutions concerned.

Most defectives are regularly visited in accordance with their needs and situation, and where formal visiting is not indicated, other ways of maintaining contact are developed and maintained.

(ii) Guardianship Orders are obtained in respect of patients for whom they would be an advantage, and in a few instances the knowledge that an Order is in force assists the guardian to exercise the requisite degree of control.

(iii) An occupation centre for children excluded from school, and older female defectives will be provided as soon as practicable. A survey is now being made in conjunction with the Chief Education Officer of the need for instructing adults in reading.

*Mental Deficiency 1.1.52 to 31.12.52.*

	Males	Females	Total
Number on register at end of year 1952:-	196	196	392
<i>Institutional Care as on 31st December, 1952:-</i>			
Royal Eastern Counties Institution	42	26	68
South Ockendon Institution & Branches	15	26	41
Royal Earlswood Institution	4	2	6
Leybourne Grange Colony	1	-	1
Hortham Colony	1	2	3
Princess Christian's Farm Colony	1	2	3
Stretton Hall	1	-	1
Stoke Park Colony	-	-	-
St. Mary's, Alton	-	1	1
Harmston Hall Colony	1	-	1
St. Theresa's	-	2	2
Royal Western Counties Institution	1	-	1
St. Raphael's	1	1	2
Little Plumstead Hall	-	1	1
Rampton Hospital	1	-	1



		Males	Females	Total
Rochford General Hospital	...	4	5	9
Connaught House	...	4	6	10
Other residential accommodation	...	1	2	3
Field Place Approved Home	...	1	1	2
Larkfield Hall Approved Home	...	-	1	1
Hamilton Lodge Approved Home	...	4	-	4
		83	78	161

Community Care.

Ascertainment.

New cases reported and investigated during the year 1952.

Referred by:-

1. Chief Education Officer	...	5	2	7
2. National Assistance Board	...	1	2	3
3. Hospital or medical attendant	...	-	3	3
4. Relatives	...	1	1	2
5. Police	...	-	-	-
6. Other Local Authorities on removal	...	3	5	8
7. Other sources	...	1	6	7
		11	19	30

Disposal of Cases reported during the year.

1. Admitted to Institutions (by Order)	-	1	1
2. Admitted to Approved Homes	-	-	-
3. Taken to "Places of Safety."	-	1	1
4. Placed under Guardianship	-	-	-
5. Placed under Statutory Supervision	7	8	15
6. Placed under Voluntary Supervision	3	7	10
7. Died or removed from the area	-	-	-
8. Action unnecessary	1	1	2
9. Action not yet taken	-	1	1
	11	19	30

Total number of defectives under Community Care on 31.12.52.

113 118 231

Total number awaiting admission to M.D. Institutions.

16 21 37

Guardianship and Supervision as on 31.12.52.

Cases under Guardianship within the Borough	5	-	5
Cases under Guardianship outside the Borough	...	...	...
In "Places of Safety"	...	1	1
Under Statutory Supervision	...	64	70
Under Voluntary Supervision	...	36	44
On licence from Institution	...	7	3
	113	118	231

Guardianship Cases supervised on behalf of other Authorities during the year

1 5 6

Licence Cases from other Authorities

3 4 7

Training.

Patients in attendance at Day Occupation Centres

- - -

## NATIONAL HEALTH SERVICE ACT 1946

### LOCAL HEALTH SERVICE COSTS

The Borough Treasurer has been kind enough to furnish me with an analysis of local health service costs prepared by the Institute of Municipal Treasurers and Accountants (Incorporated) and some average figures from this analysis are now compared with those referable to your services.

That "figures can be made to prove anything" is a cynical misstatement, for valid comparisons and proper inferences can be drawn if care is taken to compare like with like.

One example will suffice. Your total cost per 1,000 population is shown as £468 against a national average of £754 for County Boroughs, but it would be misleading to draw from this conclusions unless some attention is paid to what the various authorities provide. The average expenditure on Day Nurseries is £101 per 1,000. Southend has no Day Nurseries and so £100 of the difference is immediately accounted for. Some, but not all authorities, provide Day Occupation Centres for ineducable defectives. Southend intends to do so, but at present we have no such provision. This would account for the fact that we only spend £13.15.0d. per 1,000 population on mental health, as compared with the National average of £37.18.0d. so our favourable balance has to be reduced by another £24. A more realistic comparison would therefore be between your expenditure of £468 and an amended national average of £629 per 1,000.

When however, these necessary adjustments are made, the Committee may well feel satisfied to note that with the single exception of the Domestic Help Scheme, your average expenditure is everywhere below the average, while the same is true of every average unit cost shown (that is aggregating the staff cost with other costs in the Domestic Help Scheme).

The biggest differences are shown in the following:

(a) *Child Welfare Centres.* Your cost per attendance, 2s.8d. as compared with national average of 4s.6d.

(b) *Midwifery.* £50.10.0d. per 1,000 as compared with national average £83.16.0d. Some of this favourable comparison no doubt arises because your birth rate is below the average, but because the proportion of domiciliary confinements which take place in Southend is higher than in many large centres of population, you have a substantial obligation in this field. The cost per case attended £8.16.0d. + 19.0d. = £9.15.0d. compares very favourably with the national average £11.1.0d. + £2.3.0d. = £13.4.0d.



(c) *Health Visiting.* £28.13.0d. per 1,000 as compared with national average of £54.4.0d. Even when allowance is made for the fact that on the whole our population requires something less intense in this field than many of our industrial areas, and some welfare authorities have developed rather extravagant arrangements, these figures give point to what is said about your present establishment in the forthcoming annual report.

(d) *Home Nursing.* £72.17.0d. per 1,000 as compared with the national average of £83.4.0d. and this is notwithstanding the preponderance of the aged who make the most demands on the service.

(e) *Ambulances.* £77.14.0d. per 1,000 as compared with national average of £146. This favourable comparison is bound to undergo modification for reasons which have been referred to elsewhere. The future of voluntary effort in organisations of this kind is most uncertain, and substantial increases in your average expenditure appear inevitable.

(f) *Domestic Help.* £84.15.0d. per 1,000 compared with national average £54.13.0d. The reasons for this, namely the demands of the aged, are well known to you. The cost per case figures are most interesting, £16.0.0d. + 18s.0d. = £16.18.0d. as compared with the national average of £19.8.0d. + 6s.0d. = £19.14.0d. which is certainly suggestive of efficient and careful administration. Some very high costs per case are returned, viz. Barrow in Furness £38.1.0d., Blackburn £39.12.0d., Carlisle £36.16.0d., Chester £42.15.0d., Newcastle-upon-Tyne £33.19.0d. Ten County Boroughs each average less than £10 per case, so apparently they can only service maternity cases, which are the cheapest cases to help, for the attendance is usually limited to 14 days or so.

LOCAL HEALTH SERVICES STATISTICS

1951 - 1952

ANALYSIS OF NET. EXPENDITURE AND GRANTS PER 1,000 POPULATION.		All Authorities			Counties Excluding London			County Boroughs			Southend C.B.C.		
		£	s	d	£	s	d	£	s	d	£	s	d
Health Centres	...	CR	7	0	CR	6	0		-			-	
Care of Mothers & Young Children- Day Nurseries	...	79	7	0	60	11	0	101	8	0		-	
ditto Child Welfare Centre		47	11	0	36	14	0	54	3	0	35	11	0
ditto Other expenditure ... Maternity sets		13	4	0	13	18	0	17	8	0	7	3	0
Midwifery	...	91	16	0	98	2	0	83	16	0	50	10	0
Health Visiting	...	51	9	0	48	19	0	54	4	0	28	13	0
Home Nursing	...	92	18	0	97	3	0	83	4	0	72	17	0
Vaccination & Immunisation	...	7	12	0	7	6	0	8	17	0	4	5	0
Ambulance Services	...	187	0	0	208	14	0	146	0	0	77	14	0
Prevention of Illness, Care and After Care	...	30	1	0	26	3	0	27	15	0	24	15	0
Domestic Help	...	68	14	0	66	6	0	54	13	0	84	15	0
Mental Health	...	28	15	0	24	2	0	37	18	0	13	15	0
Expenditure as Local Health Authority under other Enactments		2	11	0	2	12	0	2	12	0		-	
Administration	...	105	15	0	106	11	0	82	3	0	68	3	0
Total Net Expenditure Chargeable to Rates and Grants...		811	6	0	801	15	0	754	1	0	468	1	0
National Health Service Grant	...	401	6	0	396	1	0	373	0	0	227	14	0
Net Rate borne Expenditure	...	410	0	0	405	14	0	381	1	0	240	7	0

	All Authorities			Counties Excluding London			County Boroughs			Southend C.B.C.		
	£	s	d	£	s	d	£	s	d	£	s	d
MISCELLANEOUS UNIT COSTS (EXCLUDING ADMINISTRATION AND REVENUE CONTRIBUTIONS TO CAPITAL)												
Day Nurseries. Cost per Annum per approved place— Staff.	63	2	0	65	4	0	69	12	0			
Day Nurseries. Cost per Annum per approved place— Other.	37	9	0	34	18	0	36	12	0			
Day Nurseries. Cost per Annum per child in Average Daily Attendance— Staff.	88	5	0	86	15	0	89	10	0			
Day Nurseries. Cost per Annum per child in Average Daily Attendance— Other.	48	11	0	46	8	0	47	0	0			
Child Welfare Centre. Cost for Attendance Staff.		2	3		1	8		2	7			8
ditto Other.		1	7		1	3		1	11		2	0
Midwifery. Cost per Maternity Case Attended Staff.	13	13	0	14	17	0	11	1	0	8	16	0
ditto Other.	2	3	0	2	2	0	2	3	0		19	0
Health Visiting. Cost per visit Staff.		3	10		3	8		3	11		1	11
ditto Other.			2			2			2			3
Home Nursing. Cost per visit. Staff.		3	5		3	8		3	3		2	6
ditto Other.			7			6			9			3
Domestic Help. Cost per case. Staff.	20	18	0	21	8	0	19	8	0	16	0	0
ditto Other.		4	0		3	0		6	0		18	0



# The National Health Service Act 1946, Part III

## SECTION 22. CARE OF MOTHERS AND YOUNG CHILDREN.

### Clinics.

INFANT CLINICS. These were held at 2.15 p.m. as under:-

#### Shoeburyness:

Council Offices, High Street. Doctor's Clinic 1st and 3rd Tuesdays. Health Visitor's Clinic on other Tuesdays.

#### Leigh-on-Sea:

70, Burnham Road. Mondays and Thursdays.

#### Southend-on-Sea (Southend and Southchurch):

Municipal Health Centre. Mondays, Tuesdays, Thursdays and Fridays.

#### Eastwood:

Eastwood Baptist Church Hall. 2nd and 4th Fridays - Health Visitor's Clinic.

#### Westcliff:

St. Andrew's Church Hall. Doctor's Clinic, Wednesdays; Health Visitors' Clinic, Fridays.

#### North Avenue:

Ferndale Road Baptist Church, Wednesdays - Health Visitors' Clinic.

#### Manners Way:

St. Stephen's Church, Tuesdays - Health Visitor's Clinic.

#### Thorpe Bay:

St. Audrey's. 1st and 3rd Fridays - Health Visitor's Clinic.

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were on sale at all infant welfare sessions..

Particulars of attendances are:-

	South- end	South- church	Leigh	Shoe- bury	East- wood	West- cliff	Man- ners Way	Nth. Ave.	Thorpe Bay	Total
No. of sessions held ...	100	98	100	53	23	96	53	52	21	596
No. of individuals who attended and who at the end of year were-										
Under 1 ...	213	293	252	116	31	286	81	162	34	1468
Aged 1 to 5	362	554	552	146	63	541	129	168	43	2558
Total attendances of-										
Infants ...	2951	4730	4115	1567	314	4390	1242	2230	291	21880
Children 1 to 5 ...	854	1328	1281	815	124	1208	206	438	73	6327
No. of children aged 1 to 5 subjected to routine medical inspections ...	310	535	317	60	-	357	-	-	-	1579

Packets of National Dried Milk distributed totalled 10,088 of which 157 were supplied at the expense of the Council.



## Vitamin Preparations:

Cod Liver Oil	...	6,006
Fruit Juice, Orange		20,367
Vitamin Tablets	...	1,288

Particulars of the clinic arrangements appear in the "Survey" portion of this report. There was a slight falling off in the number of attendances at the Centres made by infants in the first year of life, but the reduction of 1393 visits need occasion no concern for it was in accordance with expectations. For some years past the relation between the number of children born during the year and the number of infants brought to the Centres during their first year of life has remained fairly constant; 1952 was no exception, the proportion being 70% as compared with 67.7% in the previous year. The average number of attendances made by each infant declined however, a tendency which was most evident at those Centres where frequent visits are customary.

Too many mothers continue to ignore the facilities for systematic inspection of the "toddler" age group for there are now some 10,000 children aged 1-5 in the area of whom only 2,558 made a total of 6,327 attendances.

The sale of National Dried Milk through the Centres has declined steadily since 1948 which is also largely true of the sales of proprietary dried milks from 1949. It would be misleading however, to infer from this that there has been any corresponding increase in breast feeding, for there is no evidence of this. National Dried Milk is most in demand at Centres where lower income levels are likely to be general, but even here the effect of lavish and well designed advertising can be discerned. A probable explanation of the decline in sales is the improved supply of liquid milk which removes the temptation to use dried milk for ordinary domestic purposes.

## ANTE NATAL CLINICS.

Municipal Health Centre: Monday, 9.15 a.m.; Tuesday, 9.15 a.m.;  
Wednesday, 2 p.m.; Thursday, 9.15 a.m.; Friday, 9.15 a.m.

Leigh Clinic, 70 Burnham Road: Wednesday, 2 p.m.; Friday 2 p.m.

Westcliff Clinic, St. Andrews Church Hall, Electric Avenue:  
Wednesday, 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street: Monday, 2 p.m.  
(On 2nd and 4th Mondays in each month only).

Save for a weekly ante-natal clinic provided by the hospital management committee at the General Hospital, Southend-on-Sea, all ante-natal clinic services are provided through the local health authority. These arrangements which owe much to the goodwill and helpfulness of the hospital management committee provide a single service in which hospital and local authority

staff work side by side, without the patient being aware of any administrative boundaries.

With the passage of time, and changes in personnel a certain separatism and narrowness of outlook is sometimes to be encountered, and all will need to be vigilant if these unfortunate tendencies are to be checked before they do serious harm.

The patient and her family doctor can, together, make what use of the service they elect. This may vary from one extreme where a patient makes a single visit at which a specimen of blood is taken, to the other where the service is wholly responsible for the entire supervision of the pregnancy. Patients who are to be confined in hospital are always seen on at least two occasions by the specialist obstetrician.

The provision of maternity medical services by the general practitioner has already made a marked and permanent effect on the clinic system and the domiciliary midwifery service. Administrators and midwives will both require to adjust themselves to changes which bring their own difficulties, remembering that the well-being of the patient must always come first with them.

Attendances at the Council's clinics were as shown below:

	Southend	Leigh	Westcliff	Shoebury	Total
No. of sessions held ...	256	101	52	24	433
No. of individual expectant mothers ...	1332	456	171	85	2044
No. of attendances of expectant mothers ...	7018	2277	991	339	10625

#### VIRUS INFECTIONS DURING PREGNANCY.

The department has taken part in the enquiry now being conducted by the Ministry of Health into the degree of association between virus infections during the mother's pregnancy and the occurrence of congenital abnormalities in her infant. One of our mothers who developed Rubella very early in her pregnancy subsequently gave birth to a child who suffers from congenital cataract.

#### BLOOD EXAMINATIONS.

Dr. D. C. Caldwell, director of pathology for the hospital management committee informs me that the haematology from the Leigh clinic is carried out at the General Hospital, Southend, and from the remainder of the clinics at the General Hospital, Rochford.

Early this year, following the development of a new technique for the Wassermann Reaction, the laboratories reverted to the



previous practice of carrying out this examination in addition to Prices Precipitation Reaction on all specimens of blood from expectant mothers. Only 3 sera gave positive reactions with the double tests, and on investigation two of the patients were considered to be suffering from congenital infections. Every effort is made to induce patients to accept adequate treatment during their pregnancies; generally the response is good.

The customary analysis of the results of the haemoglobin estimations has here been omitted, for the method of reporting was altered during the year and the requisite data for making valid comparisons with previous years does not now exist. The value of 14.8 grammes per cent is now regarded as the normal haemoglobin level.

*Wassermann and Prices Precipitation Reaction  
and Rhesus Factor Tests, 1952.*

No. of tests made	W. R. and P. P. R. Negative	W. R. and P. P. R. Positive	W. R. Doubtful P. P. R. Negative	No. of tests made	Rh. Positive	Rh. Negative	Rh. Negative re-tests
1460	1457	3	-	1457	1232	225	205
-	99.79%	0.21%	-	-	84.5%	15.5%	-

POST-NATAL CLINICS.

	Southend	Leigh	Shoebury	Total
No. of individual mothers who attended ... ..	596	196	49	841
Total attendances of mothers	1141	340	84	1565
Total No. of sessions of Post-Natal Clinics... ..	53	100	24	177

The number of individual mothers attending these clinics was little different from the previous year's total, so it can be inferred that there have been no significant changes in their attitude towards post natal examinations.

The post natal examinations performed as part of the "maternity medical service" by general practitioners must show variations, and all are unlikely to be of equal value.

It is to be regretted that our medical colleagues do not refer their patients more frequently to this specialist clinic; by so doing we could learn what further steps would be practicable to prevent avoidable damage and disability.

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

*Report of Mr. E. C. Austen, Senior Dental Officer.*

A full-time assistant Dental Officer was available during 1952, but as the routine inspection and treatment of school-

children had fallen so greatly in arrears, it was decided that routine full-scale inspections could not be made available to the maternity and child welfare service patients. The number of mothers treated shows an increase on 1951, but the number of children under 5 years treated was slightly smaller.

The hospital management committee continues to afford facilities for X-ray examinations when necessary, and forwards the X-ray plates to the Senior Dental Officer.

(a) Numbers provided with dental treatment:

		Examined	Needing treatment	Treated	Made Dentally fit
Expectant and nursing mothers	...	53 (22)	53 (22)	53 (22)	53 (20)
Children	...	130 (172)	129 (172)	129 (172)	129 (160)

(b) Forms of dental treatment provided:

	Ex-tractions	Anaesthetics			Scalings or Scaling	Silver Nitrate	Dressings	Radio-graphs	Dentures provided	
		Local	General	Fillings	ing and gum trt.	trt.			Complete	Partial
Expectant and nursing mothers	78 (28)	2 (5)	51 (14)	6 (6)	2 (-)	- (-)	- (3)	- (-)	- (-)	2 (1)
Children under five	248 (340)	- (-)	134 (172)	- (1)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)

Comparable figures for 1951 are given in brackets.

NURSING HOMES.

No new nursing homes were registered during 1952: three certificates of registration were surrendered during the year.

Homes on Register at end of year:      No. of beds provided for

	Maternity	Other	Total
Belvedere	..	4	4
Hayesleigh	4	-	4
Highlands	3	-	3
Leigh	-	10	10
Meteor	12	-	12
71 Wimborne Road	-	18	18
26 Western Road	2	-	2
Craigowan	-	6	6
278 Southbourne Grove	-	4	4
	21	42	63

No. of inspections made during the year:      12

UNMARRIED MOTHERS AND THEIR CHILDREN.

The Southend Branch of the Chelmsford Diocesan Moral Welfare Association continues its invaluable work for the unmarried mother and her infant.



Much is owed to the enthusiasm and practical ability of its secretary, the Reverend A.H.M. Martin who, having experienced the difficulties created by a constitution too complex for present needs, secured consent to changes which have been wholly advantageous.

The governing body continues to be the Moral Welfare Council which must at least hold statutory meetings each March and October. The appeals, the welfare and the finance committees have been discontinued and the executive functions are discharged by a standing committee, having as terms of reference "to deal with urgent matters affecting the management of St. Monica's Home, to administer the finances of the Council and report its own activities to every meeting of the said Council".

The house committee of St. Monica's was reconstituted in such a way as to reduce the ruri-deaconal members from 5 members to 2, and to give the Jewish community the right to nominate a representative.

There can be few organisations so denominational in origin and inspiration which have evinced such a liberal judgement and disposition in order to make moral welfare work the concern of the whole community.

The superintendent, Miss I.D. Gretton, has helped greatly to extend the influence of St. Monica's throughout the area.

The unmarried mother is, today, by no means the only woman whose pregnancy creates serious personal and family problems and, increasingly, help is solicited by the young married woman who is expecting a child by a man who is admittedly not her husband. To help these mothers is to increase the difficulties of managing a mother and baby home, but the situation has been met successfully, and it has made its own contribution to broadening outlooks and liberalising methods.

The financial arrangements with the local health authority remained unaltered.

Accommodation was provided at the expense of the Council in the following homes:

St. Monica Diocesan Shelter - 17 mothers for a total of 976 days.  
Diocesan Maternity Home, Coggeshall - 1 mother for 33 days.

#### INFANT MORTALITY.

The infant mortality rate was 19.31 per 1,000 live births whereas in the previous year it was 25.57. While it is gratifying to report this record low figure it is difficult to assign reasons for it, and one must be cautious in making claims about the contribution which our work has made directly to this

happy state of affairs. The decline in the infant mortality rate was general; the national figure fell from 29.6 to 27.6 per 1,000 and the London rate from 26.4 to 23.8, so some factors operated favourably throughout the country, and this area is not unique in returning an exceptionally low rate, for Croydon has achieved a comparable figure. Nevertheless there are solid grounds for satisfaction, and all who have contributed to this result are to be congratulated.

There was again a slight decline in the number of deaths during the first week of life, 24 as compared with 29. Slightly more than half the deaths (13) occurred within the first 24 hours after birth when prematurity and gross congenital deformity exact a heavy toll.

The only unfavourable comparison with the previous year is to be found in the experience of the 1-3 months age group, which provided 9 deaths as against only 4 in 1951.

Deaths under 1 year by age groups were:

Under 24 hours	...	13
24 hours - 1 week	...	11
1 - 2 weeks	...	1
2 - 4 weeks	...	...
1 - 3 months	...	9
3 - 6 months	...	5
6 - 9 months	...	1
9 - 12 months	...	0
		<u>40</u>

#### NEONATAL MORTALITY.

Valid comparison between the causes of neonatal deaths occurring during various years is difficult in the absence of full clinical details, and the most a commentator can do is to assign the most likely cause after considering the available information. When this is done the following causes for 40 infant deaths (male 24 and female 16) emerge.

Atelectasis	...	...	2
Prematurity	...	...	12
Congenital defect	...	...	7
Accidents attendant upon birth	...	...	2
Whooping cough	...	...	1
Other respiratory infection	...	...	7
Gastro-enteritis	...	...	2
Inattention at birth	...	...	2
Accidental asphyxia	...	...	3
Erythroblastosis foetalis	...	...	1
Kernicterus	...	...	1
			<u>40</u>

Prematurity accounted for 8 and congenital defects for 6, fewer deaths than in the previous year. That 3 infants died from so-called accidental asphyxia invites speculation as to whether some fundamental factor, not revealed by the conventional



post-mortem examination, was involved.

Of the 9 deaths in the 1-3 months age group, no fewer than 4 were associated with congenital heart defects, although in three, the terminal events were broncho-pneumonia (2) and gastro-enteritis (1). Whooping cough caused one death and other respiratory diseases and accidents each accounted for two.

*Prematurity.*

The table below relates to both County Borough of Southend-on-Sea and Essex mothers.

*Premature Baby Unit: Rochford General Hospital*

Weights	Born in Hospital				Born Before Admission	
	Died 1st 24 hours	Died 2 - 7 days	Sur- vived 28 days	Total	Sur- vived 28 days	Total
2lbs. 3ozs. and less...	1	2	-	3	-	-
2lbs. 4ozs. to 3lbs. 4ozs.	2	7	7	16	-	-
3lbs. 5ozs. to 4lbs. 6ozs.	3	-	20	23	4	4
4lbs. 7ozs. to 4lbs. 15ozs.	1	-	19	20	1	1
5lbs. to 5lbs. 8ozs. ...	3	-	45	48	2	2
Total ...	10	9	91	110	7	7

Fifteen premature infants were born at home, and all but one were successfully nursed there. The infant admitted to hospital also survived. All four babies born prematurely in nursing homes were alive at the end of the first 28 days.

*Stillbirths.*

The 40 stillbirths which occurred represent a rate of 18.94 per 1,000 total births which is little below the London rate of 19.2 and not markedly favourable in comparison with the national figure of 22.6 per 1,000 births. The narrowing of these differences during recent years still awaits a satisfactory explanation.

The domiciliary and nursing home rates were 11.5 and 14.5 per 1,000 respectively, as compared with 11.0 and 15.0 per 1,000 in 1951, but the hospital rate fell from 32.0 to 25.9 per 1,000.

*Deaths of Children Age 1 to 5.*

The deaths occurring in this age range fell from 12 to 6 (males 3, females 3).

### Causes.

Neoplasm	...	...	2
Broncho-pneumonia	...	...	1
Gastro-enteritis	...	...	1
Measles encephalitis	...	...	1
Accidental death	...	...	1
			<u>6</u>

Age Groups		Deaths
1 - 2 years	...	3
2 - 3 years	...	1
3 - 4 years	...	1
4 - 5 years		1

## SECTION 23 - MIDWIFERY.

### Work of the Municipal Midwives.

Little requires to be added to what appears in the "Survey" section of the report. The demands on the service were less onerous and more uniform than in 1951, there being little variation in the quarterly totals of patients attended.

The maternity beds at the General Hospital, Rochford were again in great demand, with the consequence that premature discharge of puerperal patients was sometimes inevitable; this is a measure which is disconcerting and bewildering to the patient and little liked by the majority of midwives.

Midwives Hodges and Etherington attended refresher courses during the year, and both reported very favourably on their usefulness.

The L.H.A. makes a free issue of sterilised maternity packs for use at domiciliary confinements; the contents are in accordance with the recommendations of the Ministry; 889 maternity outfits were issued during the year.

	Cases attended as midwives		Cases attended as Maternity nurses		Total	
	Booked	Emergency	Booked	Emergency	Booked	Emergency
Labours ...	656	2	92	-	748	2
Miscarriages...	-	-	-	-	-	-
	656	2	92	-	748	2

### Gas and Air Analgesia.

The proportion of mothers to whom gas and air analgesia was administered rose slightly from 58.3% to 61%. Reports are available concerning 350 administrations, the results of which as assessed by the midwives were

"complete relief"	...	28.6%
"considerable relief"	...	64%
"some relief"	...	7.1%
"no relief"	...	0.3%



## MIDWIVES ACT 1951. *Work of Local Supervising Authority.*

Notice of intention to practise was given by 25 midwives, two of whom worked in private domiciliary practice and ten in nursing homes: between them they attended 683 mothers as midwives and 283 as maternity nurses. Of the 13 midwives in the employ of the Local Health Authority, one was the Superintendent of the Domiciliary Midwifery Service, the remaining 12 being employed as whole-time domiciliary midwives.

## MEDICAL AID UNDER 14(1) OF THE MIDWIVES ACT 1951.

Medical aid was summoned on 75 occasions or in 11.4 per cent. of cases attended by midwives, a decrease of 6.9 per cent. on last year.

## MATERNAL MORTALITY.

There were 4 deaths of parturient women, two of which were attributed by the Registrar General to maternal causes.

Brief particulars were:

Mrs. A., aged 41, a known sufferer from open pulmonary tuberculosis and uterine fibroids, refused to accept either termination of her pregnancy, or ante-natal bed-rest in hospital on account of essential hypertension. This fatality is regarded as avoidable.

Mrs. B., aged 24, was delivered of her second child without obstetric interference. After an uneventful puerperium she died suddenly on the 12th day. Post-mortem examination showed a pulmonary embolism as the cause of death.

Mrs. C., aged 48, a primipara, was delivered by Caesarian section in a London nursing home: she subsequently developed paralytic ileus from which she succumbed.

Mrs. D., aged 30, whose first pregnancy had been complicated by acute haemolytic anaemia and multiple cerebral-vascular occlusions, underwent surgical induction at the 36th week, when toxæmia of pregnancy developed. The patient later died from heart failure and acute thrombocytopenia.

## SECTION 24 - HEALTH VISITING.

Reference to the wide range of duties performed by your health visitors who are also school nurses has already been made. The table set out below shews relatively few significant changes from the previous year, although the difference between the number of live births and the number of first visits paid has increased. This is to be accounted for by the not inconsiderable movement of families into and also out of the area.

### *Work of Health Visitors.*

Infants under 1 year	...	First visits	2195
		Subsequent visits	7614
Children aged 1-5 years	...	No. of children visited	8478
		No. of visits paid	17323
Expectant Mothers	...	First visits	1453
		Subsequent visits	841

Communicable diseases	...	First visits	2627
		Subsequent visits	1225
Nurseries and Daily Minders		First visits	27
		Subsequent visits	125
Special Visits	...	First visits	777
		Subsequent visits	367
Tuberculosis	...	First visits	127
		Subsequent visits	3796

Teaching in the secondary high schools and at ante-natal clinics has been consolidated and extended, and can now be regarded as an important and permanent part of the health visitors work.

Women's organisations regularly request visits from the staff of this section, details of which are given below.

January	Shoeburyness Young Wives Fellowship
February	York Road Methodist Club
„	Shoeburyness Young Wives Fellowship
„	Avenue Baptist Young Wives Club
March	Avenue Baptist Young Wives' Club
April	Mothers' Union, St. Albans, Westcliff.
May	Young Women's Social Circle, Park Road.
„	Westleigh Baptist Young Wives' Fellowship
July	Leigh Housewives' Association
September	St. Clement's Young Wives' Guild
October	Union Congregational Fellowship

The superintendent health visitor attends the weekly meetings of the staff tuberculosis committee and the "children in need" conference. This enables her to maintain an effective link between the field worker and those who shape policy and administer the services. A continuing effort is made to inform the individual health visitor of the decisions which are taken on the reports which she submits and the reasons for them.

By this means it is hoped to mitigate the feelings of frustration which the absence of adequate information is likely to engender, and the mass of real need which is brought to notice by these officers suggests that the policy is appreciated and understood by them.

Nurses Lock and Blackburn attended refresher courses during the year.

## SECTION 25 HOME NURSING.

This service continues its planned expansion and maintains its position in public esteem and regard. The number of patients who were treated by your district nurses rose from 3,766 to 4,273 and the total visits made, from 80,369 to 87,291. The elderly apprehensive diabetic patient continues to make heavy demands on nursing skills which could be more advantageously applied elsewhere, but judging from the condition of some diabetic visitors who require daily visits from your staff, our criteria of the



necessity for such attention are at least as strict as those which obtain in other areas.

It is pleasant to recall the interest which the committee have taken in the work of the Queen's Institute of District Nursing and to acknowledge the assistance which is always so readily available from its supervisory staff.

#### CLASSIFICATION OF CONDITIONS TREATED.

					No. of Patients
Accidents	...	...	...	...	38
Amputations	...	...	...	...	6
Addisons Disease	...	...	...	...	2
Arthritis	...	...	...	...	88
Bronchitis and Pleurisy		...	...	...	234
Burns and Scalds	...	...	...	...	25
Carbuncles, boils and abscesses			...	...	356
Carcinoma and Sarcoma	...	...	...	...	226
Cardiac and circulatory conditions			...	...	505
Cerebral Haemorrhage	...	...	...	...	226
Cerebral Tumour	...	...	...	...	2
Congenital Malformations		...	...	...	6
Dental conditions	...	...	...	...	17
Diabetes Mellitus	...	...	...	...	186
Ear, Nose and Throat conditions			...	...	394
Empyema	...	...	...	...	1
Enemata (for constipation)		...	...	...	230
Enamata (preparation for investigations, X-Ray etc.)				...	482
Erysipelas	...	...	...	...	7
Eye conditions		...	...	...	35
Fractures	...	...	...	...	42
Gangrene	...	...	...	...	11
Gastric conditions	...	...	...	...	42
Gynaecological conditions		...	...	...	80
Hernia	...	...	...	...	5
Infectious diseases	...	...	...	...	4
Influenza	...	...	...	...	9
Injections (for unclassified causes)	...			...	43
Leukaemia	...	...	...	...	2
Maternity	...	...	...	...	53
Miscarriage	...	...	...	...	17
Myoedema	...	...	...	...	1
Nervous diseases	...	...	...	...	14
Operations	...	...	...	...	8
Orthopaedic	...	...	...	...	4
Osteomyelitis	...	...	...	...	2
Paralysis (other than strokes)			...	...	36

	No. of Patients			
Pernicious anaemia	...	...	...	81
Pneumonia	...	...	...	206
Polycythaemia	...	...	...	1
Prostatic conditions	...	...	...	50
Pyrexia of unknown origin	...	...	...	8
Rheumatism	...	...	...	17
Senility	...	...	...	142
Skin conditions	...	...	...	39
Surgical dressings	...	...	...	78
Synovitis	...	...	...	1
Tuberculosis	...	...	...	56
Urinary and renal conditions	...	...	...	34
Ulceration of legs	...	...	...	51
War Injuries	...	...	...	2
Worms	...	...	...	68
Total				4,273 patients
Total				87,291 visits

## SECTION 26 - VACCINATION AND IMMUNISATION.

### *Vaccination.*

Some records received from practitioners during 1951 related to vaccinations performed before that year, and so the decrease in the number of primary vaccinations notified, from 797 to 527 is less significant than might otherwise appear.

The number of vaccinations carried out at your clinics fell from 260 to 174.

Failure to accept infant vaccination is general throughout the country and is likely to be more serious for the unprotected individual than for the community as a whole - for it is the partially protected who make smallpox control difficult.

### *Diphtheria Immunisation.*

The number of children who completed a course of primary immunisation at your clinics was only about half that recorded in 1951 and the numbers similarly treated by practitioners fell from 1,566 to 960. The number who accept 'Booster' or re-inforcing injections though small, was much the same.

Undoubtedly the poliomyelitis outbreak was responsible in part for this loss of ground. Evidence that children who had received certain immunising injections might suffer a higher incidence of paralysis following acute poliomyelitis became available, and in consequence your immunisation clinics were closed from 29.8.1952 until 2.1.1953; many general practitioners must have also discouraged these procedures during the same period.



Some authorities inculcate the alum content of certain antigens, others hold that the tissue damage, which though minimal must accompany all intra-muscular injections also plays a part. Specific study of these problems has been undertaken by the Medical Research Council; until this work is finished and the findings published, it can only be prudent to discourage injection treatment during periods when there is a high incidence of poliomyelitis. The whole prospect for artificial immunisation would be permanently injured if the public came to believe that a recent injection may have some bearing on the location and extent of paralysis due to poliomyelitis, and to ignore this possibility is to do but sorry service to the cause of prevention.

The following vaccinations were recorded during the year:-

By whom vaccinated	Total
(a) Private practitioners-	
(i) Primary           ...	527
(ii) Re-vaccinations   ...	353
(b) At Council's Clinics-	
(i) Primary           ...	174
(ii) Re-vaccinations   ...	16
	<u>1,070</u>

Number of children who completed a course of primary immunisation during the year:-

	Total
(a) At Council's Clinics -	
(i) Children under 5   ...	333
(ii) Children 5- 14   ...	36
(b) By private practitioners -	
(i) Children under 5   ...	558
(ii) Children 5 - 14   ...	33
	<u>960</u>

Number of children who were given a secondary or reinforcing injection:-

	Total
(a) At Council's Clinics   ...	357
(b) By private practitioners ...	140
	<u>497</u>

DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION

No. of children at 31.12.52, who had completed a course of Immunisation at any time before that date, (i.e. at any time since 1.1.1938).

Age at 31.12.52 i.e. Born in Year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5 to 9 1943-1947	10 to 14 1938-1942	Total Under 15
Number Immunised	21	642	1133	1137	1264	6296	3479	13,972
Estimated mid- year child pop- ulation	Children Under 5					Children 5-14		30,900 (42.3%)
	11,300 (37.1%)					19,600 (49.8%)		

## SECTION 27. AMBULANCE SERVICE.

Section 10 of the survey gives a very adequate account of the ambulance service and requires little elaboration. In the early part of the year the extensions to the St. John Ambulance Brigade garage at its Queen's Road Headquarters were completed and brought into use. The additions proved most useful from the outset and undoubtedly enhanced the efficiency and usefulness of the Bridage's Ambulance Organisation.

## SECTION 28. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

It is only necessary to touch on the following matters to complete the account of work done under this section already furnished in the survey.

**TUBERCULOSIS.** The Consultant Physician for Tuberculosis, Dr. E. Sita Lumsden, reporting on his work for the Local Health Authority writes:

### "PREVENTION.

*Contact Examination.* 478 contacts of Southend patients were examined during the year, and 15 were found to be suffering from active tuberculosis. This is equivalent to 31 per 1000 contacts examined, which is an incidence of active tuberculosis of about 20 times that in the general population.

*B.C.G. Vaccination.* 99 child contacts of tuberculous patients were vaccinated against tuberculosis with the Bacille-Calmette-Guerin. All the vaccinations were successful; there were no untoward reactions and no vaccinated child has subsequently developed tuberculosis.

*Health Visitors.* Supervision by the tuberculosis health visitors of households containing infectious cases of tuberculosis has continued as before. This is an important part of the health visitor's preventive work as there are at least 50 households in the Borough containing a case of chronic infectious tuberculosis.

### CARE.

*Home Treatment of tuberculous patients.* The co-operation of the case assistant with the tuberculosis health visitors in advising patients on financial and domestic arrangements has been invaluable.

Owing to the much improved bed situation fewer cases were treated at home during 1952; 56 patients received streptomycin injections at home through the Home Nursing Service.



Free Milk was provided for 84 patients.

AFTER CARE.

The case assistant has been a great help in advising patients about their return to work and having them re-trained or placed in suitable situations. The number of individual patients seen by her was 107 and the 202 interviews recorded relate to:-

Training	...	...	76
Financial assistance	...	...	38
Rehabilitation and employment	...	...	41
Housing	...	...	21
Miscellaneous	...	...	<u>26</u>
Total			<u>202</u>

Liaison between the Disablement Rehabilitation Officer of the Ministry of Labour and the Chest Clinic and Local Health Authority, was closer in 1952 than previously. Below is a summary of the placing of persons with pulmonary tuberculosis who were declared in 1952 to be fit to return to work:-

1. The number of pulmonary tuberculosis patients declared to be fit for remunerative work:	Male	Female	Total
	85	51	136
2.a) Still unemployed but seeking work	8	(10 ( Incl.2 about to be married.)	18
b) Apparently work-shy	2	2	4
c) On training course	11	4	15
Awaiting training course	2	2	4
Total unplaced	...	...	22
Total to be trained for new jobs	...	...	19
3.a) In suitable employment	58	33	91
b) In unsuitable employment	4	-	4
Total in employment	...	...	95

The following statistics of the work of the Tuberculosis After-Care Sub-Committee of the Southend Civic Guild of Help are furnished by the secretary, Miss H. Thompson, B.Sc., to whom we are indebted for much assistance.

Type of Assistance	Number Assisted	Cost £ s. d		
Clothing ... ..	32	127	18	7
Travel vouchers to visit patients in Hospitals and Sanatoria ...	18	27	12	2
Bedding (to enable patients to occupy separate rooms) and towels ...	5	13	19	10
Laundry ... ..	2	1	9	1
Coal ... ..	4	11	13	9
Handicrafts ... ..	1	3	3	6
Miscellaneous ... ..	21	101	9	8
	<u>83</u>	<u>£287</u>	<u>6</u>	<u>7</u>

The staff conference discussed the circumstances of 103 families, 68 of whom came within our purview for the first time during the year. The majority were referred on account of housing need and, once more, the conference proved its value in providing a fair and accurate assessment of circumstances, and enabled the Housing Committee to be advised in a reasonable and confident way.

*Rehabilitation.* 3 patients were maintained at Papworth for 586 days and 2 at Preston Hall for 661 days at a total cost of £580.11. 3d.

#### MASS MINIATURE RADIOGRAPHY.

Co-operation between the Director of Mass Miniature Radiography Unit 60, based on Broomfield Hospital, and ourselves, has enabled the best use to be made of the Unit during its visits to Southend-on-Sea, and through his kindness I am able to report on what it has done. There is reference in the report of the school medical officer to the circumstances in which the pupils in the fifth and sixth forms of one of our grammar schools were offered tuberculin-jelly patch testing. This was arranged at a time when the unit was conducting a survey of Hospital Management Committee staff, so radiological examination could be offered to all positive reactors; it produced no evidence of any untoward happenings or hazards at the school.

The unit returned here toward the end of November so as to carry out the usual survey, that is, examination of persons employed by industrial and commercial undertakings and members of the public generally. In addition to the support and encouragement received from large employers of labour such as Messrs E. K. Cole, Ltd., the North Thames Gas Board and the Ministry of Supply, Shoeburyness, the Town Council also played its part in publicising to its employees the facilities provided by the unit, and in organising sessions for them. The Education



Committee granted the unit the use of the Municipal College premises during the Christmas vacation and made particular efforts to induce nursery class teachers, infant helpers, school meals staff, administrative staff and school caretakers to submit themselves for examination.

Previous experience suggested that to X-ray all children in the older age group was not to make the best use of the unit. A great effort was made therefore to offer jelly patch testing to all children in our schools who were born prior to September 1st, 1938, and to restrict X-ray examinations to the positive reactors. To carry out this programme in the short time available before the visit of the unit, called for a special effort on the part of the health visitors and school nurses and for much forbearance on the part of head teachers and their staffs. Of 2,368 children invited for testing 1,794 accepted and of these 58.6% were reported as positive. The percentage of positive reactors in children born in each of the years between 1934 and 1938 respectively was

1934	1935	1936	1937	1938
72.7%	48.9%	50.9%	56.4%	58.9%

Of 1,051 children invited to attend for radiological examination 1,007 accepted.

It was hoped that the tuberculin-jelly patch test survey would afford information of considerable value in developing preventive work in the schools, but a detailed analysis of the findings revealed certain features which made for hesitancy in accepting the figures without further criticism. The measures taken to do this could not be carried out until the following year and will therefore be dealt with in the report for 1953.

Miniature films	Males	Females	Total
School children ... ..	462	545	1007
Municipal College students ... ..	173	142	315
Public sessions ... ..	1313	1950	3263
Organised groups from industry, commerce and administration ... ..	2738	2090	4828
	<u>4686</u>	<u>4727</u>	<u>9413</u>

SUMMARY (excluding schoolchildren)

	Males	Females	Total
No. of Miniatures taken ... ..	4128	4099	8227
No. recalled for large films ... ..	265	150	415
No. recalled for investigation ... ..	57	41	98
No. referred to chest clinic ... ..	32	21	53

Of the 53 cases referred to chest clinic, 11 were classified as having conditions other than tuberculosis, and 3 were referred for further observation; the remaining 39 cases

of tuberculosis were classified as follows:-

	Males	Females	Total
(a) No further action ... ..	8	3	11
(b) Single re-check only ... ..	7	4	11
(c) Chest clinic observation while remaining at work ... ..	6	1	7
(d) Chest clinic observation with modified work ... ..	-	2	2
(e) To leave work and remain at home without institutional treatment ...	-	2	2
(f) Sanatorium or equivalent treatment ...	3	2	5
(Did not attend Clinic)	1	-	1

NUMBER OF CASES OF PULMONARY TUBERCULOSIS ASCERTAINED  
(excluding schoolchildren)

	Males Age Groups					Females Age Groups					TOTAL
	15- 24	25- 34	35- 44	45- 59	60+	15- 24	25- 34	35- 44	45- 59	60+	
Active Primary	-	-	-	-	-	-	-	-	-	-	Nil
Inactive Primary	4	2	5	2	1	4	5	4	2	-	29
Active Post-primary Unilateral	-	1	-	-	-	3	4	-	-	-	8) 1.5
Active Post-primary Bilateral	-	-	3	1	-	1	-	-	-	-	) per
Inactive Post-primary	4	14	17	46	10	3	11	12	10	5	5) 1000 132

SCHOOLCHILDREN AND STUDENTS

No. of Miniatures			No. recalled for large films			No. recalled for investigation.			No. referred to chest clinic		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
558	628	1186	18	18	36	4	4	8	1	3	4

The 4 cases referred to the chest clinic were classified as under:-

(a) TUBERCULOUS:	Males	Females
Inactive Primary ...	-	2
Inactive Post-primary	-	1
(b) NON-TUBERCULOUS:		
(R. sided aortic arch)	1	-

NUMBER OF CASES OF PULMONARY TUBERCULOSIS ASCERTAINED  
(Schoolchildren and Students)

	Males	Females	Total
Active Primary ... ..	-	-	Nil
Inactive Primary ... ..	2	3	5
Active Post-primary ... ..	-	-	Nil
Inactive Post-primary ... ..	-	1	1

Convalescent and After-Care Homes. During the year 23 patients were provided with recuperative holidays or after-care for periods which varied from one week to six months. The total cost of this provision was £440.4.9d. towards which patients or their



relatives contributed £48.15.5d.

The *Therapeutic Social Club*, founded by Dr. Ström-Olsen, and the psychiatric social workers from Runwell Hospital receives financial assistance from the Authority. The Club continues as tenants of the British Red Cross Society at their headquarters, 4 Nelson Street.

#### HOME NURSING REQUISITES.

Mr. Clitter, Superintendent of the local division of the St. John Ambulance Brigade, has kindly supplied the following information relating to home nursing requisites loaned during the year.

Patients assisted	...	872
Articles loaned	...	1190
Average period of loan		6/7 weeks

The articles loaned were bed-pans, urinals, air-rings, waterproof sheets, hot water bottles, air beds, water beds, back rests, bed cradles, bed tables, wheel chairs, etc.

#### RECOVERY OF CHARGES.

The National Health Service Act authorises a Local Health Authority to make charges for certain services and articles, chief among which are domestic help, convalescent and recuperative holidays and milk for patients suffering from tuberculosis. In assessing these charges the Council has broadly followed the recommendations made by the financial advisers to local authorities, but has authorised the Health Committee to depart from them where either hardship or injustice might result.

To take account of changes made by various statutory bodies in basic rates, and to make allowance for general increases in price levels the following alterations in assessment scales were authorised as from 7.10.52.

##### Scale A.

Maximum income to be allowed under Scale A adopted in 1948 to be increased by 50% in lieu of 40% as at present. All patients in receipt of national assistance to be eligible, if recommended, irrespective of income.

##### Scale B.

Personal allowance in respect of each child and adult to be increased from 15/- to 17/6d.

Personal allowance for one adult only ...	27/6
Contributions from other members of household from 7/- to 10/- p.w. from each earning member.	
Allowance for rent and rates.	
Unfurnished up to	35/-
Furnished up to	45/-
Mortgage repayments interest and rates up to ... ..	45/-

#### THE HARD OF HEARING.

The Authority has encouraged and assisted the recently formed Southend Group of the Essex League of the Hard of Hearing and I am indebted to the secretary, Mr.C.H.Linstead, for the following particulars:-

"Membership varied during the year between 30 and 40, an average attendance is approximately 25. Group activities include social gatherings which do so much to help the hard of hearing in their daily life, by accustoming them to mix with other people without embarrassment. Activities have included a demonstration of lampshade making, a mime show, cookery demonstration (North Thames Gas Board), a demonstration of hand-bell ringing by the Romford Hard of Hearing Group, darts matches, dancing, handicrafts exhibition, together with lip reading practice classes, and outings to London and Southend to see various ice spectacles.

Future plans include lip reading instruction and instructional film shows. The Group runs a thrift club and a small lending library. It is the aim of the Group to help the hard of hearing to "live with their deafness" and it is felt that much useful work has already been done to counteract the loneliness with which the deaf, particularly the ageing deaf, are afflicted "

#### SECTION 29 - DOMESTIC HELP.

There is reason to believe that your domestic help service is one of the largest to be provided in any county borough of comparable size, it continues to make an invaluable contribution to the well being of many families, as well as affording a substantial measure of relief to the hospital service, your own part III accommodation and the Children Committee.



In co-operation with other agencies, among which your home nursing service is probably the most important, it provides an efficient and acceptable alternative to institutionalisation of all kinds to which it often postpones resort where it does not completely prevent the eventual need.

There is evidence that the proportion of the cost of providing this service which is recovered from the persons assisted is somewhat higher than in the country generally. This is due in large measure to prompt and efficient organisation, for your scale of charge is based upon one used by many other authorities. During the year, the needs of families with dependent children and those where there is but one parent, had special consideration when modifications of the scales of assessment were made, for in October the allowance to be made for a dependent child was raised from 15s. to 17.6d. and for a single parent, from 25s. to 27s.6d.

The total wages paid in this service amounted to £15,491 of which £4,522 was recovered from those whom we had assisted. In addition wages amounting to £2,546, of which £735 was recovered, were paid for assistance in maternity cases. From 5.11.52 the full hourly cost of the service was reassessed from 2s.6d. to 2s.10d. An analysis of the assessments made during the year is as follows:

#### Assessments

					Domestic Help	Maternity Cases
Free	...	...	...	...	75	10
10s. per week and under	...	...	...	...	222	47
Over 10s. and under £1	...	...	...	...	174	82
£1 - £1.10s.	...	...	...	...	52	55
Over £1.10s. - £2	...	...	...	...	29	30
Over £2 - £3	...	...	...	...	20	34
Over £3 - £4	...	...	...	...	2	20
Full costs	...	...	...	...	138	35

There is still some confusion about the aims of the service and the conditions under which it is operated, so the leaflet which is given to applicants may, perhaps, be profitably reproduced here.

(This service is also reported upon in the Survey section).

" Memorandum for the information of persons desiring to avail themselves of the scheme.

1. The Scheme is primarily one for assisting in emergency, e.g. providing home helps where mothers are confined at home, domestic helps in case of sudden illness of a mother or admission of a mother to hospital, but to such an extent as help is available, it is furnished in cases of old age and infirmity etc.

2. Applications for assistance should be made, preferably with a doctor's recommendation, to the Public Health Department, Municipal Health Centre, Warrior Square, Southend-on-Sea, (telephone No.49451 ext.253). Thereupon the Supervisor of Domestic Helps will visit the

home to ascertain the needs and circumstances, and where appropriate will, subject to help being available, allocate such assistance as she considers necessary.

3. Helps are not available on Sundays or Bank Holidays, save in exceptional circumstances.

4. Payment for assistance under the scheme. No direct payment should be made to workers. All wages are paid by the Corporation and persons assisted are not required to provide any food or refreshment for workers.

5. The Ministry of Health require that in arriving at the cost of assistance afforded, administrative costs must be taken into account in addition to the actual wages of the help employed. The total cost at present has been fixed by the Council at 2s10d. per hour, and if their means permit, persons assisted are required to refund at this rate. If however, their means do not allow of their refunding the whole cost, persons assisted are required to submit financial circumstances on the form of application to enable the Committee to assess the weekly contribution which shall be paid.

When persons pay the full cost they are charged strictly in accordance with the number of hours worked each week. Where less than the full cost is charged, it is not related to the number of hours help provided, and when the hours worked are varied, the charge made by the Corporation is unaltered except that no charge in excess of 2s.10d. per hour is made in any circumstances, e.g. a person who has help for 20 hours per week and is charged £1.2.6d. would still be charged £1.2.6d. if the weekly hours worked were reduced to 10. If however, the weekly hours were reduced to 4, the charge would not exceed 11s.4d. per week.

Payment should be made to the Supervisor every week and failure to do this may result in immediate withdrawal of the help.

An official receipt will be issued at the time of payment. The pay week is from Thursday to Wednesday, and if help begins before a Thursday in any week, or finishes after Wednesday, a proportionate payment of the Committee's assessment will be payable on the basis of one-sixth for any day on which assistance is given.

6. Having regard to the objects of the scheme, persons assisted will appreciate the need to consider, and wherever possible, make alternative arrangements, particularly when assistance is likely to be required for lengthy periods. The Committee review all cases at regular intervals and the right to curtail or withdraw help at any time is reserved.

7. Any alterations in the hours of attendance of workers will be notified in advance, or confirmed officially from this office, and in their own interests, persons assisted should immediately draw the attention of the Supervisor to any apparent departure from the arrangements notified to them. "

## SECTION 51 - MENTAL HEALTH SERVICES.

At the present time local health authority mental health services are largely ancilliary to the hospitals for the mentally sick, so they cannot but be affected profoundly by conditions in that field. During the year, the shortage of beds continued to defeat the best intentions of clinicians and lay-administrators alike. In consequence patients who were quite willing to accept hospital treatment when this was first advised and when, therefore it would have been most effective, were not always able immediately to secure a bed. For this reason, direct admissions of voluntary patients, though rising from 53 to 79 during the year, were less than those in 1949 and 1950 when they



were 121 and 86 respectively. The shortage of beds also makes us unable, consistently to follow a long term policy for various types of patients. Not infrequently a patient has to be admitted to the unit which can offer a bed, rather than the unit which is more suitable to his needs, so old people are sometimes sent to Runwell Hospital when they could with advantage go to Rochford Hospital, and the young or middle aged whom it is desirable to admit direct to Runwell upon occasion receive the first stage of their treatment at Rochford. This situation is not only inimical to the best interests of the patients, but it also hinders the development of more specialised units in the hospitals.

Of 110 patients admitted to Rochford Hospital (Section 20 - "3 day orders") 16 were between 70 and 75 and 58 over 75. The following table shows how they were dealt with.

In hospital on 31.12.51	...	...	...	...	<u>16</u>
To Runwell Hospital as Certified Patients	...	...	...	...	<u>7</u>
To Runwell Hospital as Temporary Patients	...	...	...	...	2
To Runwell Hospital as Voluntary Patients	...	...	...	...	10
To Connaught House (Part III Accommodation)	...	...	...	...	13
To General Wards	...	...	...	...	8
Died in Rochford General Hospital	...	...	...	...	28
To relatives	...	...	...	...	41
Still in hospital 31.12.52	...	...	...	...	<u>17</u>
					<u>126</u>

#### *Prevention and after care.*

##### *Patients discharged from Runwell Hospital.*

Number of patients referred for "follow up" care	...	...	...	...	<u>147</u>
Number visited	...	...	...	...	<u>147</u>
of these					
No subsequent action required	...	...	...	...	93
Found to require re-admission	...	...	...	...	20
Subsequently referred by relatives	...	...	...	...	24
Number assisted to find employment	...	...	...	...	4
Number assisted to find accommodation	...	...	...	...	<u>6</u>
					Total 147

##### *Patients discharged from Rochford Hospital.*

Number of patients referred for "follow up" care	...	...	...	...	<u>31</u>
Number visited	...	...	...	...	<u>31</u>
Assisted to find employment	...	...	...	...	2
Assisted to find accommodation	...	...	...	...	<u>5</u>
					Total 38
Revisits to patients referred in previous years	...	...	...	...	54
Assisted to find accommodation	...	...	...	...	<u>3</u>
					Total 57
					<u>242 cases</u>

The recurring aspects of mental illness are well shown by the following table concerning admissions to Runwell Hospital.

Previous Admission	0	-	162	of which there were	72	direct voluntary				
"	"	1	-	70	"	"	"	"	5	"
"	"	2	-	37	"	"	"	"	1	"
"	"	3	-	27	"	"	"	"	1	"
"	"	4	-	13						
"	"	5	-	6						
"	"	6	-	2						
"	"	7	-	2						
"	"	8	-	1						
"	"	11	-	3						
	total			323						

In addition 36 patients were re-classified after urgency orders had expired.

Sources of referral	Admitted Runwell Hospital	Admitted Rochford Hospital	No Statutory Action
Doctors . . . . .	139	71	83
Relatives, friends . . . . .	25	8	43
Southend General Hospital -			
Psychiatric Out-Patients Clinic	104	5	4
Southend General Hospital -			
Other . . . . .	19	5	5
Police . . . . .	19	13	12
National Assistance Board	-	1	7
Other sections of Public Health			
Department . . . . .	3	7	26
Reclassifications . . . . .	36	-	-
Transfers from Rochford G.H. and			
other hospitals . . . . .	14	-	-
	359	110	180

Disposal of patients not requiring statutory action.

To Psychiatric Out-patients Clinic	...	36
Referred re Part III Accommodation	...	37
For follow-up by D.A.Os.	... ..	8
To General Hospitals	....	11
Cases subsequently admitted to Runwell,	..	19
" " " " Rochford		7



Patients Admitted to Runwell and Rochford Hospitals, 1952.

	Under 16	16 20	20 25	25 30	30 35	MALE					50	55	60	65	70	Over 75	Total	Under 16	16 20	20 25	25 30	30 35	FEMALE					50	55	60	65	70	Over 75	Total
						35	40	45	45	35													40	45	45									
Certified Sec. ... 16 L.A. 1890	-	2	2	7	2	3	3	1	1	-	2	-	3	-	-	26	-	-	2	5	2	4	8	10	5	10	3	8	5	8	75			
*Urgency Sec. ... II.L.A. 1890	-	1	1	3	1	2	2	-	-	-	1	-	-	-	-	11	-	-	3	6	2	3	5	2	-	1	-	2	3	2	29			
Temporary Sec ... 5 M.T.A. 1930	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-	-	-	2	5			
Voluntary Sec. ... 1 M.T.A. 1930	-	2	2	2	2	7	7	1	8	10	4	3	2	1	1	51	-	-	3	11	5	10	6	9	10	6	8	5	6	4	83			
Rochford Hospital Sec.20 L.A. 1890	-	-	1	1	-	1	2	-	1	4	4	-	7	26	47	-	-	1	-	1	2	1	4	2	2	6	2	9	32	63				
TOTAL	-	5	6	13	5	13	14	2	10	14	11	3	12	27	135	-	-	1	8	23	10	20	20	25	17	20	23	17	23	48	255			
Direct Voluntary (not requiring action by the department)	1	2	4	3	4	3	4	2	1	6	5	2	1	1	39	-	-	3	7	7	2	4	4	2	4	3	4	-	-	-	40			
TOTAL	1	7	10	16	9	16	18	4	11	20	16	5	13	28	174	-	-	1	11	30	17	22	24	29	19	24	26	21	23	48	295			

\* NOTE An Urgency Order (Sect.II) is only operative for 7 days, and patients admitted pursuant to Sect II must thereafter be disposed of under other provisions, namely, Sect.16 or Mental Treatment Act 1930, Sect.1. Thus while there were 280 admission procedures to Runwell Hospital undertaken by the dept. only 240 individuals were involved.

## MENTAL DEFICIENCY.

There is no point in emphasising the shortage of institutional accommodation for mental defectives because this has become recognised as a national problem. We know of some Southend families which have to support the presence of a defective member whose removal is most necessary and the need for which grows with the passage of time. Moreover, defectives remain in the Southchurch and Rayleigh wards at Rochford Hospital and also in your Part III accommodation where their presence conflicts with the best interests of others.

At the same time it would be improper not to refer to the continued co-operation we have received from the officers of the Regional Hospital Board and from Dr. Matheson of South Ockendon Colony. Whenever there has been any overriding urgency it has been possible, albeit after much difficulty, to deal with the needs of the situation.

The outlook in the mental deficiency world must occasion some concern, because it seems unlikely that all the institutional accommodation which will be necessary in later years can be provided.

"Full employment" is propitious for defectives because while they can earn their living they are more acceptable to their families, and regular occupation prevents their deterioration, or the development of undesirable habits and associates which lead them into trouble. If however, unemployment became general, the defectives would be one of the first classes to lose their jobs. With every new year we see the cumulative consequences of changes which took place many years ago. Now with the disappearance of the large family the mental defectives, like the aged, tend increasingly to be extruded from the community, because a burden shared with several other members of the family becomes intolerable when it has to be borne by a single child or relative. Nor should it be forgotten that in the increased numbers of children born in the immediate post-war years, there must be a due proportion of defectives so that quite soon the number of defectives requiring institutionalisation must grow in the same way as our infant school populations have already done.

At the other end of the scale, the defective has benefitted equally from the increased expectation of life which we now all enjoy, so that we are very far from reaching the point when equilibrium will be established.



## INFECTIOUS DISEASES.

The administrative arrangements reported last year, have continued without modification, and experience has confirmed the value of associating a member of your medical staff with the clinical work of the Westcliff Hospital.

The following table shows the number of corrected notifications received during the year:-

Scarlet Fever	...	...	474
Whooping Cough	...	...	688
Polio-myelitis	...	...	98
Measles	...	...	998
Diphtheria	...	...	-
Pneumonia	...	...	192
Dysentery	...	...	7
Polio-Encephalitis	...	...	-
Typhoid	...	...	-
Paratyphoid "B"	...	...	1
Erysipelas	...	...	32
Meningococcal Infection	...	...	5
Food Poisoning	...	...	197
Puerperal Pyrexia	...	...	9
Ophthalmia Neonatorum	...	...	6
Jaundice	...	...	24
Puerperal Fever	...	...	
			<hr/> 2,731

### SCARLET FEVER.

The increased incidence of this disease which occurred during the autumn of the previous year continued, and reached a peak in June, following which there was a general falling off in weekly notifications. In the last week of October however, notifications rose sharply to 24 and there was a generally increased incidence throughout the remainder of the year. It is hardly surprising, therefore, that the notifications received during the year totalled 474, which is 195 more than in 1951. The disease continued to be relatively mild.

### WHOOPING COUGH.

The generally increased prevalence of the previous year continued for the first half of 1952, and the total of notifications, though 62 fewer, was higher than usual in non-epidemic years. One child aged 2 months died from broncho-pneumonia complicating whooping cough.

## POLIOMYELITIS.

The outbreak of poliomyelitis which began at the end of June and continued until the end of the year is of outstanding importance, not only because of its extent, it was by far the largest in the history of Southend-on-Sea, but also because of the altered behaviour of the disease. In this town until 1952, poliomyelitis had appeared to strike at random without there being any demonstrable connection between the patients who contracted it, and multiple cases in the same household had never been observed. But for the fact that since the War there had been a vague geographical grouping of some of the cases, our experience had been entirely in accord with the generally accepted belief, namely, that in times of epidemic prevalence the virus of poliomyelitis is widely disseminated throughout the population at risk, and there are no administrative measures which offer any substantial hope of arresting its spread, nor indeed, of influencing the course of events in any way.

The disease presents unusual difficulties in ascertainment. When frank paralysis occurs, diagnosis is both easy and obvious, but non-paralytic cases are now known to occur with considerable frequency, and they introduce uncertainty and speculation. Poliomyelitis usually suggests an upper respiratory infection, beginning as it often does with headache, fever and slight sore throat. It is only when stiffness in the muscles of the back or neck develop, that there is a clinical basis for a more serious view of the indisposition, and when spasm is of slight degree its demonstration needs care and skill, allied with repeated examination. Sometimes, though by no means invariably, there is a bi-phasic illness, that is, the patient first suffers from an ill-defined malaise from which he makes an apparent recovery within a few days, only to have his symptoms reappear after a short interval. In the absence of paralysis the nature of the infection can only be established by demonstrating changes in the cell and protein content of the cerebro-spinal fluid obtained by diagnostic lumbar puncture.

The arrangements for the diagnosis of infectious disease in Southend-on-Sea have always been profoundly influenced by the lack of an admission unit at the infectious diseases hospital; this made it necessary for all cases of certain diseases to be visited, prior to removal to hospital, by the superintendent of the isolation hospital or a medical officer of the department. The general practitioners of the town have thus become accustomed to furnish early notification of suspected cases of infectious disease with the result that Dr. H. Crosswell, physician superintendent of Westcliff Hospital, and my deputy



Dr. J. C. Preston, saw a large number of patients in consultation during this outbreak. We can therefore be confident that our information about it is unusually complete; with one exception the diagnosis of the non-paralytic cases rests on changes in the cerebro-spinal fluid.

TABLE I

CLASSIFICATION BY AGE SEX AND RESULTS.

PERIOD		0-5		5-10		10-15		15-20		20-25		25-30		30-35		over 35		TOTALS			CASES
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M+F	
24.6.52 - 21.7.52	P	1	-	2	2	-	-	-	-	-	-	-	-	1	-	-	-	4	2	6	10
	NP	-	-	2	1	-	-	-	-	-	-	-	-	1	-	-	-	3	1	4	
22.7.52 - 18.8.52	P	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4	14
	NP	2	1	1	2	2	1	-	-	-	-	-	-	1	-	-	-	5	5	10	
19.8.52 - 15.9.52	P	1	1	3	3	1	1	1	-	-	1	2	1	-	1	-	-	8	8	16	28
	NP	2	2	3	-	-	1	1	-	-	-	2	1	-	-	-	-	8	4	12	
16.9.52 - 13.10.52	P	2	-	2	2	-	-	-	-	-	-	-	-	-	1	-	-	4	3	7	25
	NP	5	2	5	5	-	-	-	-	-	-	1	-	-	-	-	-	11	7	18	
14.10.52 - 10.11.52	P	2	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	2	3	5	14
	NP	-	-	7	1	-	1	-	-	-	-	-	-	-	-	-	-	7	2	9	
11.11.52 - 8.12.52	P	-	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-	1	2	3	6
	NP	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3	
9.12.52 - 31.12.52	P	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	NP	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
TOTALS	P	7	3	8	10	1	2	1	-	-	1	2	1	2	2	-	1	21	20	41	
	NP	10	5	19	11	2	3	1	-	-	-	3	1	1	1	-	-	36	21	57	
TOTAL CASES		25		48		8		2		1		7		6		1		98			

P-PARALYTIC      NP-NON PARALYTIC

TABLE II

CLINICAL FEATURES IN PARALYTIC CASES

Period	No. of Cases	Type			Degree				Ages of Fatal Cases
		Respir-atory	Bulbar	Spinal	Mild	Mod-erate	Severe	Fatal	
1	6	1	-	6	2	3	-	1	6
2	4	-	1	3	2	2	-	-	
3	16	3	3	13	8	3	2	3	26 9 13
4	7	-	4	4	4	3	-	-	
5	5	1	1	4	3	1	-	1	36
6	3	1	1	3	1	-	-	2	31 7

The disease had been absent from the town for 18 months when 1 a scholar at Hamlet Court Junior School who had been absent from school on account of chicken-pox since June 6th, developed muscular weakness on June 24th. During his illness he was visited frequently by his cousin, a child regarded as immune to chicken-pox by reason of a previous attack. This cousin had suffered an ill-defined upper respiratory illness about June 10th which may have been of significance.

This cousin was an associate of 2 whose fatal illness began on July 4th; both boys attended Hamlet Court Infant School, although they were not in the same class, 2 being in class V. The next three patients who also attended the same infant school, were 3, class II, onset July 13th; 4, class IV, onset July 15th and 5, class IV, onset July 15th.

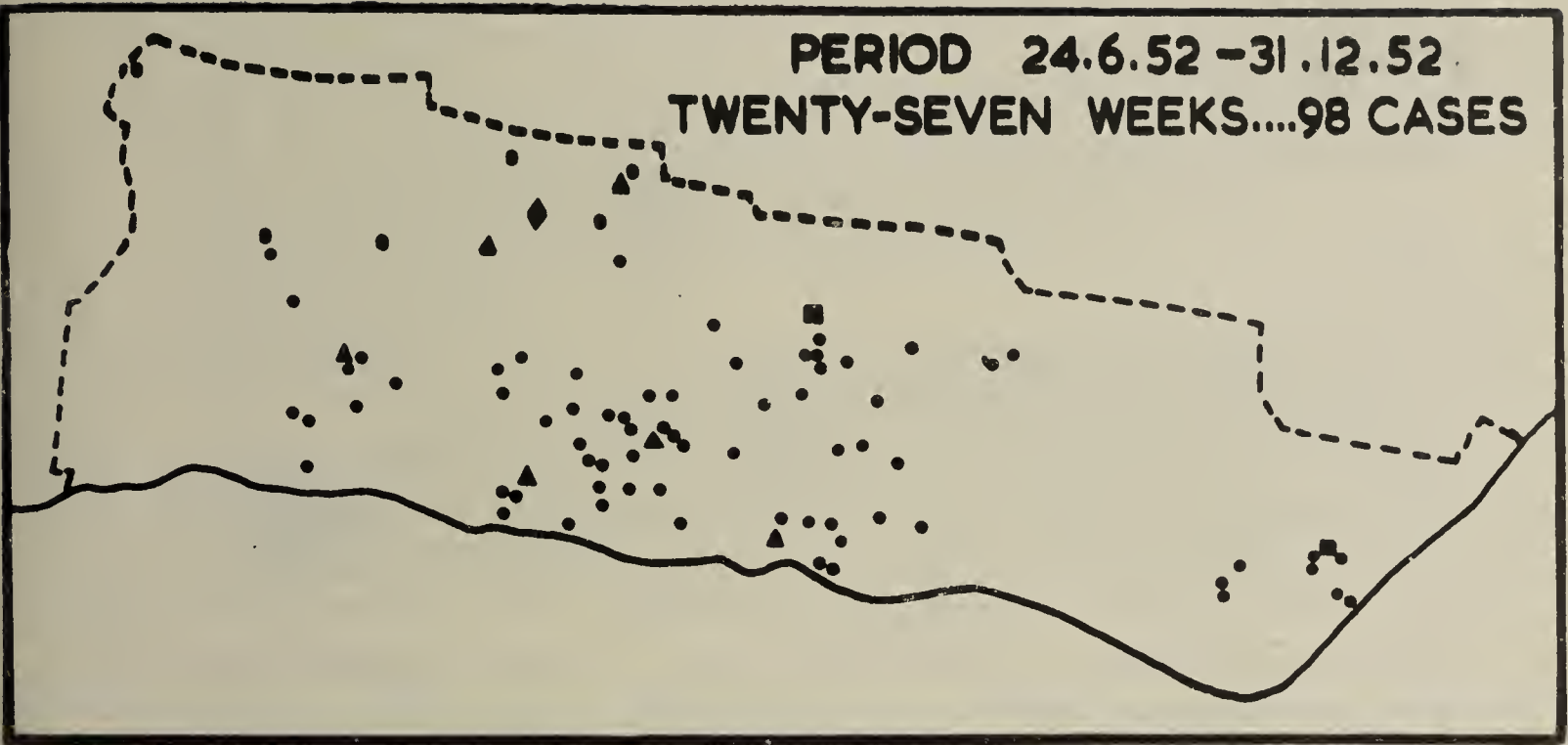
When patient 6 who attended St. Helens School, became ill on July 16th, there was justifiable apprehension concerning other children from the same school. From detailed enquiries however, we found her to be a repeated and close contact of G.P. from Hamlet Court Infant School, in fact she had travelled in the same coach on a day outing to Hastings during which he was taken ill. This illness was never diagnosed; he suffered from severe and persistent headache for about a fortnight afterwards, and it is not unlikely that he did in fact have an abortive attack of poliomyelitis. No other case occurred among children attending the St. Helens School. (See infra for administrative action taken).

On July 16, 7, aged  $2\frac{1}{4}$  years, who lived in another part of Southend, developed paralysis. After much enquiry he was linked with 2 through a young laundry worker who often called at the latter's home taking the youngest child for walks and who also frequented the home of 7 where a fellow worker was one of the household.

Other instances where association with Hamlet Court School may be significant, were, the mother and sister of a child in the Junior school developed the disease at the end of July when on holiday in another district, patient 14 was the mother of a child from the junior department, patients 8 and 29 were contacts of children in the infant department, and patient 13, whose own children attended a private school lived next door to a family with children in the junior and infant schools.

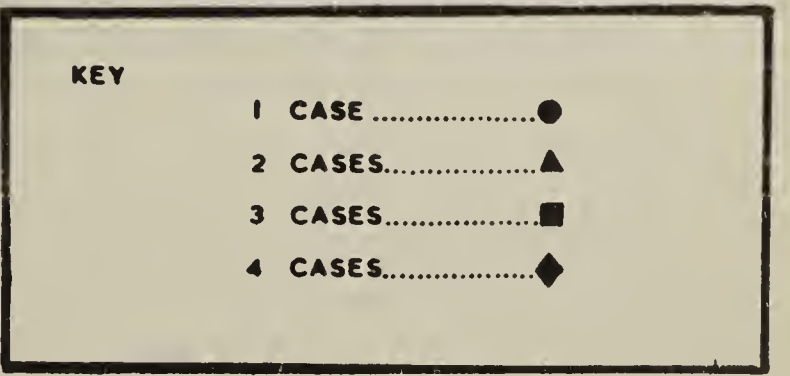
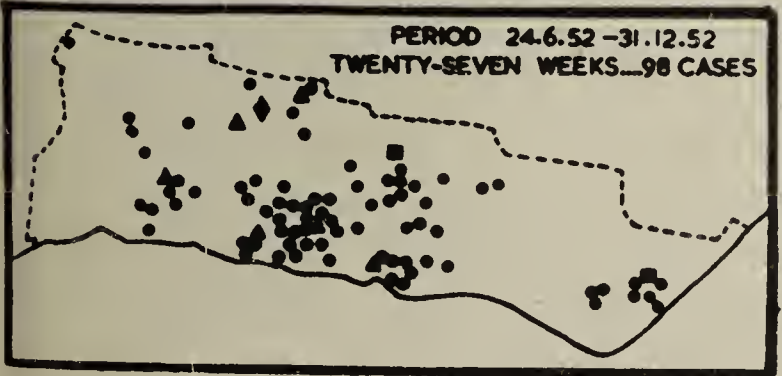
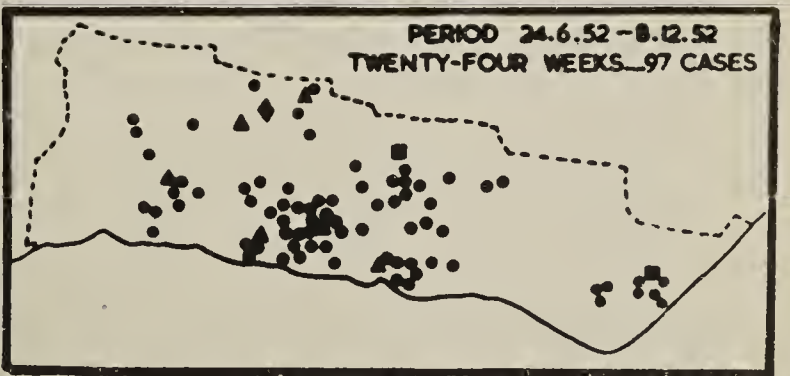
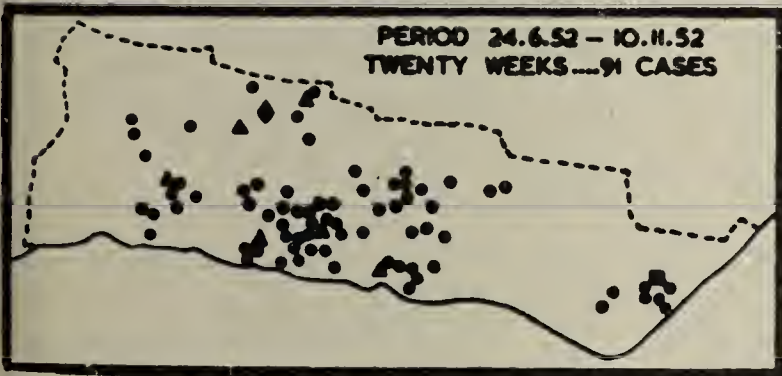
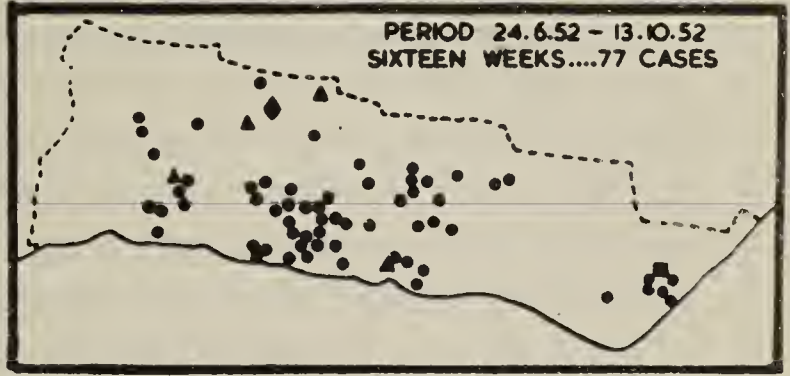
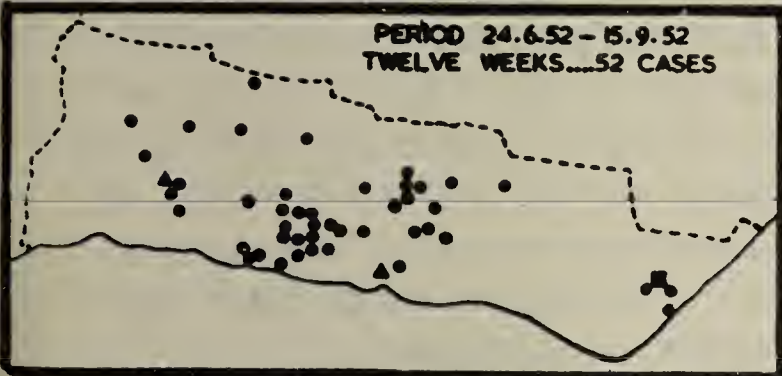
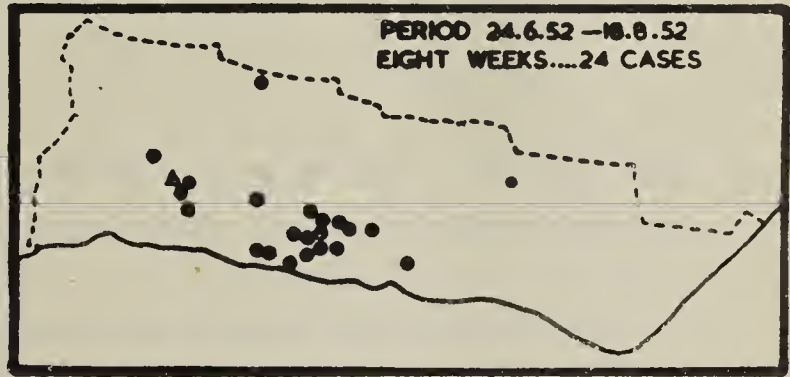
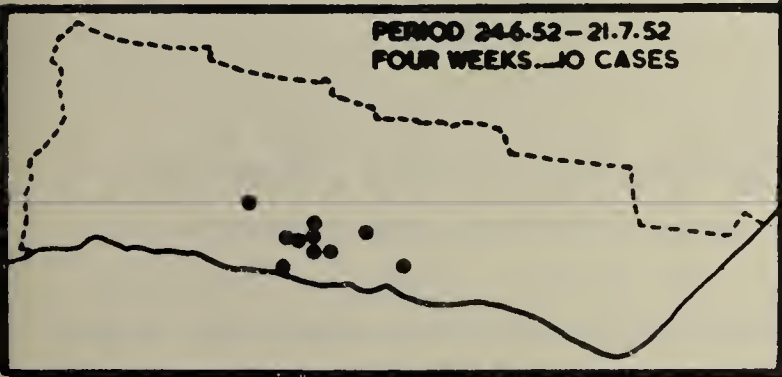


FIGURE I



**CUMULATIVE**

**SPOT MAPS**



There is reason to believe that school and district spread occurred at this time for, eventually, some linkage was also established between infected households of the Westcliff-on-Sea district for patients 9, 11, 16, 21, 30, 33, 47, 55, 56, 67 and 97, as well as for an adult visitor who contracted the disease after her return home.

In these circumstances it will be readily understood that the closure of the schools for the summer vacation on July 25th was very welcome, but fresh evidence of linked infection was not long delayed, for 17, who became ill on August 1st, was followed on August 5th by 19, who was daily minded in the same house, by 20, a playmate, on August 12th and by 22, her brother who became ill on August 18th. These were the first multiple cases to occur in one household, but others, namely 31 and 36 who fell ill on September 1st and 6th respectively, soon followed.

As will be seen from table I cases continued to occur during the time when the schools were closed; their re-opening on September 9th was awaited with both interest and concern.

Shoeburyness remained free until September 1st when 40, a boy of 6 who lived at No. 15, see figure II, sickened, later developing paralysis; three days afterwards his sister aged 3 suffered what was most probably abortive poliomyelitis; at No. 44, 41 a young married student school teacher who had no known contact with the children at No. 15 began to be ill on September 4th as did her brother 46 between September 4th and 6th. The husband of 41, a corporal stationed at Chatham, who had been on holiday with her until August 30th and visited his home again on September 5/6, developed the disease on September 14th. The mother of 41, was a school clerk who also taught pupils music in her home. When 41 fell ill Mrs. H. at No. 31 helped to nurse her until removal to hospital on September 9th, and on September 12th 42 the daughter of Mrs. H., a pupil of the school clerk, sickened and died a few days later. This unfortunate child in addition to her contacts at No. 44 had contacts with the children at No. 15.

Finally, on September 21st a 21 month old child at No. 14 who had no discoverable contacts with any of the other patients developed poliomyelitis. Contemporaneously with these events 37, a youth living in another part of Shoeburyness began with severe paralysis on September 3rd, and on September 20th 51 who had no discernable connection with any of these patients developed the non-paralytic form of the disease. The special steps taken to deal with this outbreak are detailed later.



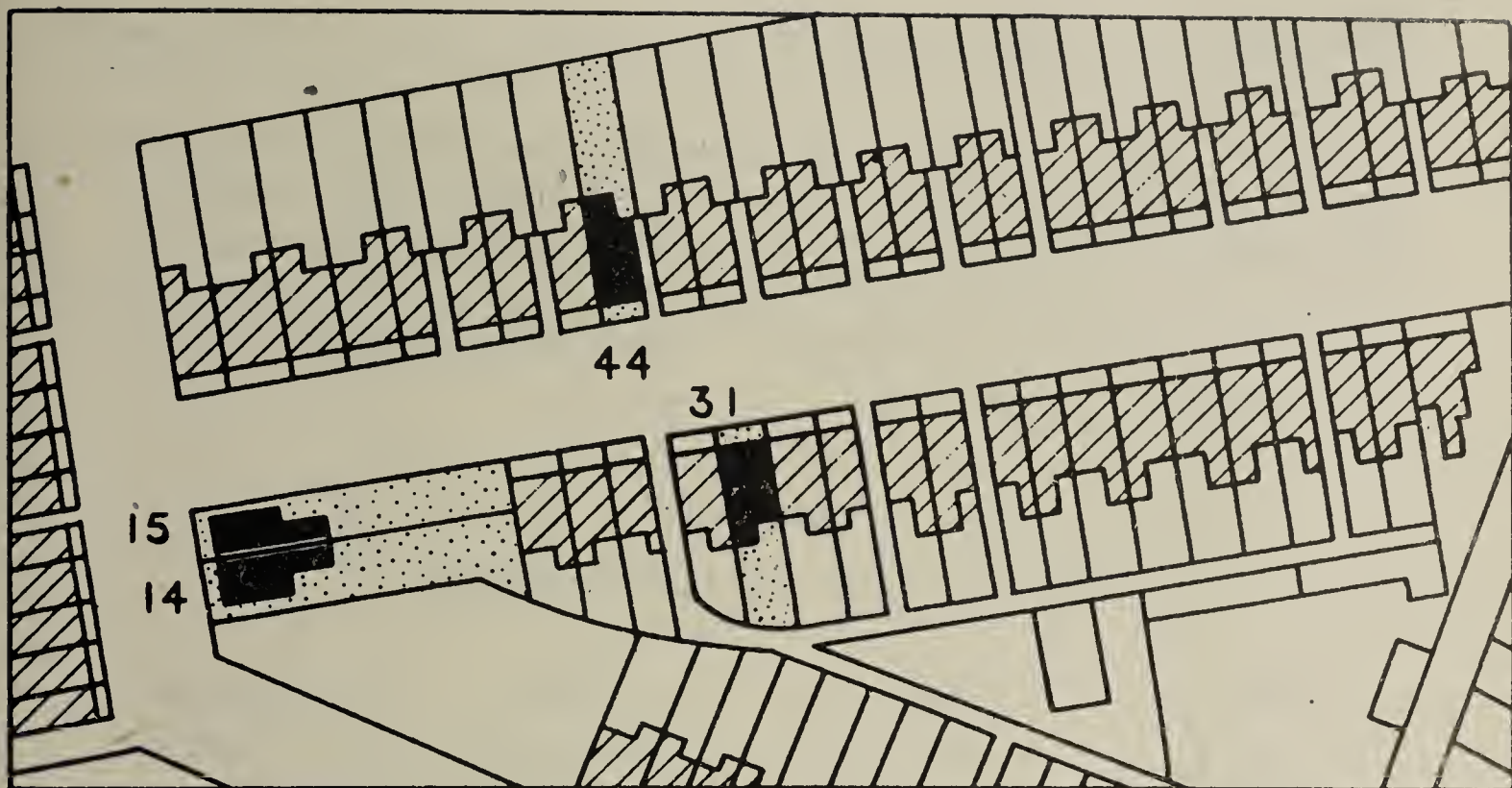


FIGURE II - Street plan to show location of infected households in Shoeburyness.

Tables III and IV show how other patients could be linked, and from these studies it can be seen that two processes were probably at work, namely the almost simultaneous infection of two or more associated individuals, and less frequently, the successive sickening of close contacts. In attempting to analyse this experience the difficulty confronts us that the incubation period of the disease is believed to vary within considerable limits although a 12 day period is regarded as most common. There is the further complication that recent studies suggest that patients are capable of transmitting infection before they themselves become ill, so that the incubation periods of contact cases can overlap to a variable extent.

It would be tedious and serve little purpose to narrate all the histories which are of interest to the epidemiologist, and it may therefore suffice to describe two other occurrences before completing this part of the account. The isolated portion of Shoeburyness shown on Figure II is served by a primary school, the headmaster of which lives in Westcliff but his children attend this school. On October 20th his child 85 aged 4 developed paralytic poliomyelitis and on November 4th 85A another of his children aged 7, became ill and showed significant changes in the C.S.F.

A boy, 78, aged 8, attending a church school, (class IV), became ill on October 13th, followed on October 26th by 82 (class VII) whose sister was in class IV also, on November 6th 87 in class I began to be ill as did her mother, 88, a day later

The father of 87 and the husband of 88 is a school teacher and a case of poliomyelitis occurred in his school on November 9th.

Table I sets out the cases according to dates of onset during each succeeding period of four weeks. Although male cases, 57, outnumbered female cases 41, the incidence of paralysis was practically identical in the sexes, disparity being most marked up to 10 years (29 non-paralytic cases among boys and only 16 among girls).

TABLE III  
MULTIPLE CASES IN SAME HOUSEHOLD

Case	Age	Onset	Result
17 )	8	23. 7. 52	N.P.
19 )	3	5. 8. 52	N.P.
22 )	14	8. 8. 52	N.P.
31 )	7	1. 9. 52	P.
36 )	6/12	6. 9. 52	N.P.
41 )	20	4. 9. 52	P.
43 )	17	4-6. 9. 52	N.P.
46 )	26	14. 9. 52	P.
48 )	5	15. 9. 52	P.
53 )	3	21. 9. 52	N.P.
49 )	6	14. 9. 52	N.P.
58 )	3	23. 9. 52	N.P.
62 )	7	24. 9. 52	N.P.
63 )	2	25. 9. 52	N.P.
64 )	1	25. 9. 52	P.
65 )	5	29. 9. 52	P.
85 )	4	20. 10. 52	P.
85 A )	7	4. 11. 52	N.P.
88 )	11	7. 11. 52	N.P.
87 )	36	6. 11. 52	Died (Bulb.)
93 )	4	20. 11. 52	P.
94 )	1½	25. 11. 52	N.P.
95 )	7	30. 11. 52	P. Died.



TABLE IV  
ASSOCIATED CASES

<i>Case</i>	<i>Age</i>	<i>Onset</i>	<i>Remarks</i>
45	6	10. 9.52	Cousin Contact 8. 9.52
44	4	12. 9.52	Cousin Contact 9. 9.52
52	3	15. 9.52	Contact 45 10. 9.52
17	8	23. 7.52	
19	3	5. 8.52	
22	14	8. 8.52	
20	7	11. 8.52	
<i>T. Infants School</i>			
74	5	9. 10. 52	Class VII
83	5	24. 10. 52	Class VII
96	6	29. 11. 52	Class III
<i>R. A. School</i>			
75	8	12. 10. 52	Class VI Junior
81	1	25. 10. 52	Contact
86	9	2. 11. 52	Class III Junior
<i>S. M. School and Church</i>			
78	8	13. 10. 52	Class IV
82	6	27. 10. 52	Class VII (his sister was in Class IV)
87	36	6. 11. 52)	School and Church.
88	11	7. 11. 52)	

There was relative immunity of the 15 to 25 age group with only 3 cases, and even these occurred at the extremes of the group. This contrasts sharply with 1950 when this age group had 4 cases of which 3 were fatal, but parallels the experience of 1947 when only 2 cases were reported from this group. There are those who suggest that the altered behaviour of the disease can be explained by postulating the importation of a relatively new strain of virus, but this relative immunity also rather suggests that previous outbreaks had conferred some immunity on children attending school in earlier years. Events in 1953 when poliomyelitis seemed to pick out males over the age of 25 lend some support to this alternative hypothesis.

Before discussing the measures taken in dealing with this outbreak it may be useful to set out briefly the established facts upon which they were based. The virus of the disease can be demonstrated in the upper respiratory passages of sufferers and also in the faeces where it remains for a longer time, at least

3 weeks, and not infrequently longer. Close contacts often excrete the virus; they may have some transient disturbance of health but many remain quite well. Recent tonsillectomy appears to predispose to paralytic forms of the disease and evidence has recently been produced that paralysis seems to select muscle groups which have been the site of recent injections. Antigens containing alum have been most frequently inculpated, but trauma following the intra-muscular injection of anti-biotics such as penicillin is also suspect. One adult who developed facial paralysis had recently undergone dental treatment on the side where the facial nerve was affected, and we have also known of uni-lateral palatal paralysis following similar treatment. Muscle fatigue, particularly in the second stage of the bi-phasic illness previously described, seems to play an important part in determining the site and extent of paralysis when this occurs. It is to be noted in passing that 30 who died after most extensive muscular involvement and 37 who suffered severe residual paralysis had both undergone severe physical ordeals shortly before the onset of their illnesses, in the one an arduous yachting trip and in the other a hiking holiday in very bad weather. These facts were referred to in communications informing general practitioners of the march of events.

During the course of the outbreak our administrative procedure was modified in some respects and it may not be without interest to give some account of the measures taken.

As soon as we became aware of the situation in the Hamlet Court School, we made intensive investigations and informed the epidemiological section of the Ministry of Health of the disquieting state of affairs there. A medical officer visited the school each day and ascertained the reasons for all absences. Unless the illness of any child was known to be such as to raise no suspicion of poliomyelitis, the home was visited and if a doctor was in attendance, the illness was discussed with him. Otherwise the child was examined if the parent invited us to do so, and at least one case was brought to light in this way. At the same time the detailed information required in connection with the Ministry of Health's pilot investigation of poliomyelitis was collected. Children from infected households were excluded for a period of three weeks, as were adults employed in certain food handling processes.

Alarm was quick to spread and daily attendances at school fell very rapidly. The daily visits of a medical officer to the school did much to reassure parents and teachers, and the opportunity was taken of discussing the situation with the parents who came to the school. There was an immediate and growing sentiment in favour of school closure, but because there were no good



grounds for recommending such a measure, the demand was resisted. At the same time the chief education officer was advised that an attempt to enforce attendance at the infant school could receive no support from the school medical officer. Many parents sought advice from the head teacher. It was suggested to her that she should not influence them in deciding whether they would remove their children from school or permit them to continue in attendance, but they ought to be told that to keep a child away from school and not restrict him to house and garden quarantine was illogical.

With the notification of a case from St. Helen's School, a new situation presented itself and the following letter was sent to parents of children in attendance at the infant department.

"Dear Sir/Madam.

The children who attend St. Helens Roman Catholic School come from a wide area, so it is not easy to keep in close touch with their parents. For this reason, and because rumour always exaggerates the facts, I am writing to tell you that yesterday a child from Class 6 was admitted to hospital.

Today she is considered to be suffering from Anterior Poliomyelitis, but she has not developed any muscular weakness. School closure is not being advised.

Judging from experience in other places, however, some parents may desire to keep their children away from school. It is not reasonable to do this, if at the same time their children are not prevented from mixing with other people during the next 15 days.

Parents, therefore who keep their children away from school should restrict them to their own homes and garden, they should **not** be allowed to attend Sunday Schools, places of amusement, or frequent shops, **nor** should visits be exchanged.

In times like these, it is prudent to put to bed any child who appears "off colour", tired, or who complains of muscular pains. Medical advice should be sought early, and any child who suffers even a mild constitutional disturbance, should be prevented from over exerting himself on the days which follow his recovery."

It was hoped by this timely warning both to induce parents to look upon any minor departures from health which might then occur, as being significant, and to obtain early information about other cases should the school become a new focus. The letter was welcomed by parents and encouraged the taking of similar action later on.

During the school holidays, the outbreak showed no signs of coming to an end and much thought was given to the situation which would be created by the general re-opening of schools. By this time it was clear that the Hamlet Court Road school district remained the most seriously infected area and there was comparatively little evidence of cases occurring on its fringes as will be seen from figure I, although cases were notified from other districts. With the new term a number of children would

ordinarily cease to attend the Hamlet Court primary school on transfer to the high schools, so there was the possibility of their introducing infection into all our grammar schools as well as the high school to which most would be promoted. At the same time, infant school children, many of whom could reasonably be suspected of harbouring the virus, would be promoted to the junior department from the infant school where they would gradually be replaced by children who were entering school for the first time.

Various courses were open to the administrator; he could advise against allowing any movement of Hamlet Court school children, or he could suggest that no promotions from the infant to the junior department took place. Then again he could recommend that no new entrant should be taken in to the infant school while the other movements took place as usual. We came to the conclusion that this latter was the correct course and there has been no occasion to regret the decision. The re-opening of the schools was not followed by any cases which could be attributed to the regrouping of children and no fresh cases occurred in either department of Hamlet Court School.

A letter sent to parents by the chief education officer is as follows:-

"Dear Sir/Madam,

#### Poliomyelitis - Infantile Paralysis

There was concern among parents of children attending Hamlet Court Road Infant School before the summer holidays because four children in attendance there became ill with poliomyelitis. It is learned that two of them who did not develop any muscular complications have been discharged from hospital after making a complete recovery, and a third child has also left hospital, but will require further treatment for weakness of one leg.

The medical officer of health states that there have been a number of other patients admitted to hospital from the area served by Hamlet Court Road Infant School, and the Education Committee have enquired whether any special steps should be taken at this time.

They are advised that new groupings involving children who would be entering school for the first time are better avoided in present circumstances. They have therefore decided for the next few weeks that no new entrants should be accepted for admission to the Infant School.

It is not considered that there are any reasons why children who have begun school should not resume attendance. I am sending this letter to all parents with children at Hamlet Court Road Infant School so that they may be aware of the position and of the fact that school will open on Tuesday next in the normal way for all children who were on the registers last term.

Parents with children due for admission for the first time this term should ~~not~~ present them for enrolment until they are notified."

It would have been illogical to recommend suspending admissions to Hamlet Court Infant School without also preventing



children from the same area being admitted to schools outside the control of the local Education Authority. The proprietors of private schools within a wide area were advised to take parallel action, which they all did.

The end of the summer holiday is the time when many other groups are re-formed for the activities of the winter, and it was thought wise to recommend those responsible for the various youth organisations in the Westcliff area to restrict admissions to children over 14 years, until the infant school was permitted to accept new entrants, which they willingly did. The age of 14 was chosen because it was convenient, would occasion but little hardship and would exclude many of the children in attendance at schools. Above this age there is much movement of individual children and their social groupings become more numerous and involved, so there is proportionally smaller likelihood of any single measure producing a lessening in the dissemination of infection.

Cases of poliomyelitis which occurred within the next fortnight of the new term were of special interest because it could be assumed they had not been infected in the schools. To close the classes from which the patients came, was, therefore, to offer some hope of limiting the spread of virus in these schools, and a policy of class closure was continued until there was no longer any justification for expecting it to be effective. Thereafter, the exclusion of household contacts was required; in addition, children who were known to associate closely with the patient out of school or in Sunday school, were also excluded.

The Autumn term which began September 9th quickly provided other acute problems particularly in Shoeburyness where on the morning of the 11th, we knew that 40 (who lived at No.15) (see Fig.II) was suffering from poliomyelitis. In the afternoon came the news that 41 (living at No.44) who had been admitted to the Southend General Hospital on the 9th, was suffering from the same disease. It was realised that the small area of Shoeburyness where these patients lived was very much cut off, for the railway bounds one side and there are brickfields and other open land on the adjoining side. The chief education officer was able immediately to furnish the detailed information requested about the children living here. The primary school children went to Hinguar St.School, secondary children mostly attended Shoeburyness High School but a few were grammar school pupils. Shoeburyness High School draws children from a large area extending as far west as Westcliff, so if district spread was occurring in this enclave of Shoeburyness, the possibility of the introduction of infection into these schools, and its dissemination on a wide scale could not be ignored.



By reason of the long vacation there was a reasonable chance that many of these schools might be free from the infection up to then, so we might hope that by excluding children from this area, the spread of virus could be prevented. After making enquiries, therefore, at the home of 41 during the late afternoon of the 11th, a medical officer made a door to door visitation in the area giving verbal instructions to parents that all children, totalling some 50 or 60, were not to attend school next day. Official confirmation was provided by the letter from the chief education officer which is reproduced.

"Dear Sir or Madam,

As you are aware, your child was excluded from school yesterday and I am sending you this short letter so that you may be fully aware of the position as it concerns you and other parents living nearby.

The medical officer of health has advised the Education Committee that although poliomyelitis has been prevalent in Southend and district since the end of June, no cases have occurred in Shoeburyness until quite recently when three cases occurred about the same time. No obvious connection between any of them has been established and the Education Committee realise, therefore, that school attendance cannot have played any part in the spreading of the infection at Shoeburyness up to the present time as the schools have been closed since July. The Committee's prime aim at the present time is to do what is practicable to reduce the chances of introducing infection into the schools and they have decided, therefore, to exclude from school attendance children living in a very small area of Shoeburyness.

You are also advised that in the interests of your own and other children, you should not allow your child to attend Sunday School, Youth Organisations or to take part in collective social activities at the present time, and it is also advised that you should discourage visitors and visiting. This advice does not indicate any seriously increased risk of infection and the Committee do not wish you to feel that your child is incurring any increased risk; it has been taken in the interests of the school population as a whole.

Exclusion from school will be maintained so long as it appears likely to serve a useful purpose and the same action will not necessarily be taken at the same time in regard to all the schools involved. You should, therefore, keep your child away from school until you are notified that he or she may return.

The medical officer of health has requested me to take this opportunity of advising parents that children who show evidence of being off-colour or who are in any way not themselves, should be put to bed and medical advice sought promptly."

It was learned that a school teacher and another school clerk also lived in the interdicted area; they too were excluded. The following day, 42 (living at No. 41) who had resumed attendance at St. Bernards Convent High School on the 9th fell ill. The class of which she was a member was closed until September 29th, and an intensive follow up of her Shoeburyness contacts was made, of whom a number were excluded from school and placed under surveillance. The proprietor of the local cinema was persuaded to abandon temporarily, the special children's sessions ordinarily held each Saturday morning, an action which was much appreciated.



Medical officers daily visited the schools where there had been any opportunity of the introduction of infection from this focus in Shoebury and absentees were followed up, a work which called for much assistance from the school attendance officers. It is not too much to say that the department made a most intensive effort and dislocated much of its routine work to do so. No case of poliomyelitis occurred in any of the schools which were dealt with in this manner. In November several linked cases of poliomyelitis were associated with Richmond Avenue School which serves a separate part of Shoeburyness but there is no evidence that disease spread from the original focus in this area.

Following the resumption of school attendance, cases also occurred in Chalkwell, West Leigh, Eastwood, Prince Avenue, Earls Hall, Bournemouth Park, Thorpe and Richmond Avenue Schools, but with the exception of the last two there was no linkage between patients.

One of the most striking features of the outbreak was the comparative frequency with which school teachers were encountered in the course of our investigations. The father of 17 and 22 is a school teacher, and 19 was daily minded at his home. The father of 6 is similarly employed; two sisters of 37 teach. Patient 41 had just completed a course of training and would have taken up her first teaching post if her illness had not supervened. The father of 85 and 85A is a headmaster, the mother of 41 is his school clerk and the mother of 42 a school dining room assistant. The husband of 88 and father of 87 is another school teacher, as is also the sister of 49.

These observations do not afford any proof that households of which a teacher is a member, are necessarily more liable to infection. In some cases the association is fortuitous. We believe 6 was infected outside her home, and school attendance could have played no part in the infections of 41 and 42 unless virus was circulating in a Shoeburyness school before July 25th, for which there is no evidence.

It is none the less remarkable that the families of medical practitioners escaped the disease entirely and there is only one very tenuous link between a known case and a nurse employed at the I.D. hospital. Quite a number of food handlers were found to be contacts of patients, but no evidence was forthcoming that suggested infection might be conveyed by food.

When Poliomyelitis is prevalent questions are always asked about the advisability of bathing either in the sea or in swimming pools, because there appears to be general apprehension of infection from these sources. Our enquiries produced no



evidence to suggest that bathing played any part at all in conveying infection to our patients. It is known that the virus of the disease is present in the sewage from infected communities and it is, therefore, reasonable to speculate whether swimming in waters which contain sewage effluents is wholly without risk. As regards swimming pools, where there is continuous filtration and chlorination of the water, we understand that a residual chlorine content, tolerated by the ordinary bather, is lethal to the virus. For these reasons it was not deemed necessary to recommend the closing of the swimming pool although a close and continuous watch was kept on the residual chlorine content of the water.

Reference has already been made to the association which had been demonstrated between paralytic Poliomyelitis and recent tonsillectomy. At an early stage in the outbreak, it was suggested that children living in the Westcliff area should not be admitted to hospital for tonsillectomy; later on, the hospital authorities decided to suspend these operations for the time being.

It was also necessary to consider policy in regard to immunisation against diphtheria. It was felt that the slightly enhanced risks of unfortunate sequelae should not be accepted, particularly as any diminution in the confidence which the public now has in this measure would permanently affect the acceptance of what has proved to be a major advance in prevention. Reference to this matter was made in circulars sent to local doctors and many of them adopted the same policy as the department.

The food handler who is a household contact of a patient suffering from Poliomyelitis also presents problems to the administrator. It was considered that a rigid policy of exclusion from employment could not be justified and only those who were actively engaged in the preparation of food were asked to cease work. The powers obtained by the Southend-on-Sea Corporation Act, 1947, to pay compensation to those who were excluded from work by the medical officer of health were most helpful, for they permitted the taking of what precautionary measures were considered desirable without inflicting hardship on individuals.

When Poliomyelitis assails a community the reaction of the public is profound and immediate. Much less concern is felt about an influenza epidemic which may be fatal to many more people than an outbreak of poliomyelitis in which less than 100 patients are affected, which causes only 6 deaths and in which less than one half of the persons affected show any signs of muscular involvement. It is not difficult to understand why this should be so. The disease is unpredictable and none can feel any assurance in the knowledge that there has been no contact with an infected patient or his household. Paralysis, when it occurs, is often of



sudden onset and the mild indisposition, which heralds it, is wholly disproportionate to the grave and permanent disabilities which may be left behind. At such times all minor disturbances of health bring with them the suspicion of the disease and there is widespread anxiety on this account. It is our duty to advise parents of the possible significance of trivial illnesses and this cannot be done without increasing their anxieties to some extent. There is no specific means of prevention nor is there any known treatment which will avoid the risk of paralysis, although complete rest during the initial phases may possibly play some part in preventing paralysis or lessening its extent.

Poliomyelitis is usually a disease of the summer months and it is not easy for parents to establish, and maintain for many weeks, a regime which will reduce the contact of their children with other people. Questions inevitably arise as to the wisdom of carrying out cherished holiday plans or receiving child guests from other areas. There is not a great deal which can be done to reassure the public that we are active and energetic in the discharge of our duties and the honest doubts we have to entertain about many measures commended to us can only be too readily interpreted as official lethargy and inertia.

Indiscriminate school closure, the interdiction on the use of properly chlorinated swimming pools or the spraying of streets with disinfectant cannot be justified in our present state of knowledge no matter how much they may advertise the desire of the medical officer to do everything possible.

The management of an outbreak can never be easy and calls for nice judgment. The public requires to be made aware of the situation without creating alarm. The probable advantages to be derived from administrative measures have to be weighed against the inconvenience and loss which they will occasion and when adopted they cannot be pushed to anything like a logical conclusion without grave dislocation of our daily life.

New developments call for careful evaluation and may lead to decisions which apparently contradict previous action and in this, as in many other situations, one must be prepared to accept criticism from those in no position to make informed judgement.

The outbreak made heavy demands on the Public Health Department but the burden fell on many other shoulders also. We kept in close touch with the School Superintendent Welfare Officer who arranged for the immediate visitation of absentees from certain classes and departments, and in many cases we had a report before the end of the first day's absence from school. In the course of their work these officers picked up a great deal of information which, when sifted and pieced together, helped us very materially,



in fact their enthusiasm was most heartening and exemplary. The headmasters and teachers in schools which were most seriously involved had a difficult part to play. Anxious parents looked to them for guidance and advice, while those with young families had occasion for anxiety on their own account. They cheerfully accepted the dislocation of their routine which the daily visits from medical officers made inevitable. The head teachers were able to present valuable assessments of the state of parental opinion, and to advise about the effect which various measures might have on this. When it became necessary to close classes they accepted this break in a carefully planned curriculum with understanding.

Public apprehension, and the advice given by this department, caused medical advice to be sought for conditions which in ordinary circumstances it would have been deemed unnecessary to bring to the notice of the family doctor, and there can be no doubt that the work of our general practitioner colleagues was greatly added to by the circumstances of this outbreak. It is pleasant to record that we received from them the fullest confidence and co-operation.

We were fortunate in our relations with the press. It may not be appreciated that Southend had, for some weeks, the heaviest incidence of Poliomyelitis per thousand population in the country, and somehow or other this fact escaped the notice of the more sensational newspapers. By contrast our local editors were helpful and realistic. They kept in close touch with the department and respected our confidences; the facts of the situation were stated accurately and soberly, and we were afforded valuable space for the reiteration of the general advice which we wished to offer the public. Business and professional interests in the town have reason to be thankful for the ethical conduct of the press at this time.

We had full support, which is gratefully acknowledged, from Mr. D. B. Bartlett, Chief Education Officer, and from his Chairman, Councillor F. B. Renshaw, I. S. O., for all the decisions which had to be made. The medical officers of the Ministry of Health and the Chief Medical Officer of the Ministry of Education were always available for consultation and discussion, and one felt fortified by having their concurrence in the various measures taken.

Dr. Crosswell and Dr. Preston showed a very high degree of clinical acumen and judgement and but for them this account of the outbreak would be much less complete. The Chief Sanitary Inspector, Mr. R. A. Drake, and his staff deserve thanks for the painstaking and persistent enquiries which they made for us, and are to be congratulated upon many interesting facts they brought



to light. Finally one must refer to the steadfastness and constancy of the nurses at the Westcliff Hospital who, under their Matron, Miss V.Kinsley, never faltered or complained even when things were at their most difficult and apprehensions most keen.

MEASLES.

There was comparatively little measles during the first six months, notifications for the first and second quarters being 17 and 51 respectively. The third quarter produced 198 notifications, and in October there began an epidemic which continued into 1953. The last three months produced 732 cases which latterly occurred at the rate of about 130 per week. The one death, was of a child aged 4 years, suffering from measles encephalitis.

DIPHThERIA.

There were no notifications of this disease.

PNEUMONIA.

The total notifications numbered 192 as compared with 279 in the previous year, the quarterly figures being 75, 43, 18 and 56 respectively. Conditions began to be difficult with the beginning of December, and were a fitting prelude to the early months of 1953 when the severe weather, accompanied with fog, was troublesome to the old and sufferers from chronic chest conditions.

INFECTIVE HEPATITIS.

The number of cases reported (24) was the lowest for any year since the disease was made notifiable in 1944. The most interesting feature was the proportion of cases occurring in persons over the age of 15; this was 75% compared with 60% in 1951. The incidence in each four week period and the age distribution are shown below.

Cases (four week periods)															
4	2	1	5	1	2	2	2	1	2	1	1	=	24		
Age Groups															
0..				5..				10..				15+			
2				3				1				18		=	24
8. 3%				12. 5%				4. 2%				75%			

INFLUENZA.

No epidemic of influenza occurred during the year and there were but two deaths from this cause, a male between 65 and 75, and a female over 75. The fall in the number of notifications of pneumonia can be attributed in large part to the absence of influenza during the year.

## PSITTACOSIS.

Psittacosis or parrot disease as it is popularly called, a virus infection of birds which is transmissible to man, received a good deal of attention in the late 1920's when numerous fatal cases were reported. Following this the Parrots (Prohibition of Import) Regulations 1930 which prohibited the importation of love birds, macaws, lorries and lorikeets etc. were made. These Regulations were rescinded in 1952, as evidence had accumulated that the infection was not confined to the parrot family, but had been observed in many other types of birds including sea gulls. The prohibition of the import of parrots was followed by the disappearance of this disease among human beings in this country and it was not until some little time after import of these birds was again permitted that the disease reappeared. This justifies the comment that all the factors which are concerned in the transmission of infections to man have not yet been discovered, and the practising epidemiologist must be guided by actual experience when assessing the importance of any scientific observations which may be made.

A dealer in caged birds visited an aviary in another area of Essex on July 9th, 16th, 23rd and 28th; on the last occasion he returned to Southend-on-Sea with two parrots, one an African Grey and the other a Red Faced Amazon bird, which had been imported from Tilburg, Holland. He became ill on July 29th developing rigors which were followed by the symptoms of a virus pneumonia. The bird which soon sickened, was cared for by the wife of the dealer until it died on August 4th. She in turn sickened on August 11th. Both patients, who were really ill, responded to anti-biotic treatment in a most satisfactory way. The serological tests carried out on the male patient were reported to be consistent with Psittacosis infection. An adult woman who visited the dealers shop quite frequently in July and early August, and who made purchases there was admitted to Westcliff Hospital on 12.8.52 suffering from atypical pneumonia. She too, made an excellent response to anti-biotic treatment, and although her serum investigation showed no presumptive evidence of infection with the virus of Psittacosis, there is a strong likelihood that she did in fact suffer from this disease. Shortly before her discharge from hospital her husband died after a very short illness, and there was some justifiable concern until it was established that his death was occasioned by an entirely different condition.

The Medical Officer of the district in which the commercial aviary was situated, reported that none of the stock at this address appeared to be affected with the disease, and there were no illnesses among the persons employed there.



## FOOD POISONING.

The number of patients brought to notice because they are thought to be suffering from food poisoning tends to increase. This is due, in part, to a growing realisation of its importance but also to the laboratory facilities which are provided locally by the Public Health Laboratory Service and directed by a most able and co-operative bacteriologist. Many of our investigations lead to no definite conclusions, though the work they entail is by no means lessened on this account. Our experience during 1952 can be summarised as follows:-

Outbreaks due to identified agents: (Salmonella organisms)	2	Total cases	169
Outbreaks of undiscovered cause:	3	Total cases	8
Single cases due to identified agents:		Typhimurium	2
		Other Salmonella	1
Single cases of undiscovered cause:			17

The following account of an outbreak of food poisoning due to salmonella enteriditis is of interest, for it demonstrates how small items of information may be important and how easily false trails may be followed. The work entailed in these investigations was well rewarded for it prevented an operative who intermittently excreted salmonella enteriditis for at least two months, being employed in the manufacture and manipulation of synthetic cream when he could have been dangerous.

Not infrequently food poisoning announces itself dramatically, but as this account will show, some outbreaks do not readily draw attention to themselves and a medical officer of health learns about them by assembling small items of information derived from various sources.

On the 9th August, a general practitioner colleague referred ruefully to his own recent indisposition, thought to be a recurrence of the Sonne dysentery which had affected him some years previously, and to the number of his patients who appeared to be suffering from a similar illness.

On the 11th another general practitioner, reported several cases of acute diarrhoea which had occurred during the weekend in a boarding-house which was full to capacity with holiday makers. The same day my Deputy investigated these events and obtained rectal swabs from two child patients.

Next day, Dr. R. Pilsworth, Director of the Southend-on-Sea Public Health Laboratory reported he had cultured non-lactose fermenting organisms from these specimens. Dr. C., who practises about three miles away, notified three cases of diarrhoea occurring in a family and advised that it might be significant that all had eaten ice cream. Rectal swabs were obtained from



the sufferers the same day; the ice cream of which they had partaken was found to have been manufactured by Messrs. A., and distributed by a small retailer. August 13th brought information about a child ill with diarrhoea, the son of a part-time waitress employed by Messrs. A. The same day, the acting medical superintendent of Rochford General Hospital, which is situated in an adjoining sanitary area, reported by telephone that salmonella enteriditis had been recently isolated from four patients, the first two being admitted on July 29th, the third on August 5th and the fourth on the 9th. Two, presenting symptoms suggestive of acute appendicitis, had been operated upon. Salmonella enteriditis infections are comparatively uncommon these days, and these events led me to enquire from representative general practitioners whether anything unusual had come to their notice. Some reported seeing a number of patients with comparatively mild and transient diarrhoeas. One told me he was treating a waitress employed by Messrs. A. for acute diarrhoea and prostration.

By this time Dr. Pilsworth had confidently identified the organisms isolated from specimens taken on the 11th and 12th August, as salmonella enteriditis, so the same day all doctors practising in the area were sent a brief account of the illnesses and asked for early information about suspected food poisoning.

On the following day, in view of the suspicions which necessarily attached to the ice cream manufactured by Messrs. A., and the possibility that infections might be widespread, doctors were again circularised and asked for names and addresses of patients whom they had treated for colic, diarrhoea or vomiting, during the last three weeks. Meanwhile the questioning of all the available staff in the employment of Messrs. A. was begun. This firm manufactures a large amount of ice cream and distributes it through several large cafes, mobile vans and retail shops. It employs many part-time workers, some only at weekends, so the interrogation could not be completed the same day.

On Saturday, August 16th, several doctors had provided the information urgently requested on the previous day, and sanitary inspectors made immediate enquiries at the homes of patients. From the staff interviews at Messrs. A., it was learned that three employees had been or were suffering from suspicious illnesses.

At noon, Mr. Drake, chief sanitary inspector, reported that three patients notified by doctors, had eaten confectionery containing synthetic cream made by Messrs. B; he forthwith began interrogating the staff at their bakery. The staff interviews at Messrs. A. were completed during the afternoon and a waitress, absent on account of illness, was visited.



Mr. Drake's enquiries showed that a male, employed in the bakery belonging to Messrs. B. had been seized with diarrhoea during the early morning of the 11th August, since when he had been absent from work. He was visited the same evening and gave the following history.

On holiday in Guernsey from 12th July to 26th July, he had been quite well, but during the morning of the 22nd July he had an urgent and unexpected call to stool. He came back to work on the 28th July and he recalled suffering sharp attacks of diarrhoea on the evening of the 30th July and again on the 31st July.

He remained well till the morning of Monday the 11th August when he awoke feeling ill, and it was only with difficulty he cycled to his work where he mixed six gallons of synthetic cream, before he began with severe and continuous diarrhoea; he went home at 8 a.m. He suffered from severe diarrhoea and abdominal discomfort for several days, but now expressed himself as feeling better.

The rest is shortly told. This man was employed in mixing all the synthetic cream used by Messrs. B; in addition, he assisted with the filling and decorating of pastries. From rectal swabs obtained from him salmonella enteriditis was cultured and he continued, intermittently, to produce positive specimens until the 22nd October.

As regards Messrs. A., the manufacturers of ice cream, three employees were shown to have suffered from salmonella enteriditis infections, and the organism obtained from the child of another employee, provisionally regarded as salmonella enteriditis, was eventually reclassified. The occurrence of enteriditis infection in the employees of Messrs. A. was readily to be understood when it was ascertained that the confectionery sold in their establishments was supplied by Messrs. B. The three employees who yielded positive swabs admitted eating these products, as did many others.

We were unable to satisfy ourselves that any illnesses were caused by the ice cream from Messrs. A., in spite of the infection of some of their staff, so that **manufactured** ice cream did not become dangerous when handled by them.

A total of 167 patients was brought to notice, of whom 25 were either not available for interrogation or were not considered by us to be suffering from Food Poisoning. Of the 138 patients believed to have suffered from food poisoning, 81 gave a history of having eaten confectionery containing artificial cream, and supplied by Messrs. B.

The means of distribution were:

Shops belonging to Messrs. B.	49 cases.
Roundsmen employed by Messrs. B.	21 cases.
Other retailer sources	11 cases.

The varieties of confectionery implicated were:

Cream fancy cakes	21
Cream sandwiches	17
Chocolate Eclairs	14
Cream sponges	11
Cream buns	8
Cream puffs	6
Cream horns	2
Meringues	1
Swiss Roll	1

The grouping of multiple cases was as follows:

Boarding House A	6 cases.
Boarding House B	5 cases.
No. of families with 4 cases	1
No. of families with 3 cases	3
No. of families with 2 cases	11

No notifications were received from outside areas where the confectionery is also on sale, nor were any reports received about day trippers becoming ill on their return home. There was little or no evidence of case to case spread in any of the households which were affected.

*Age & Sex Distribution.*

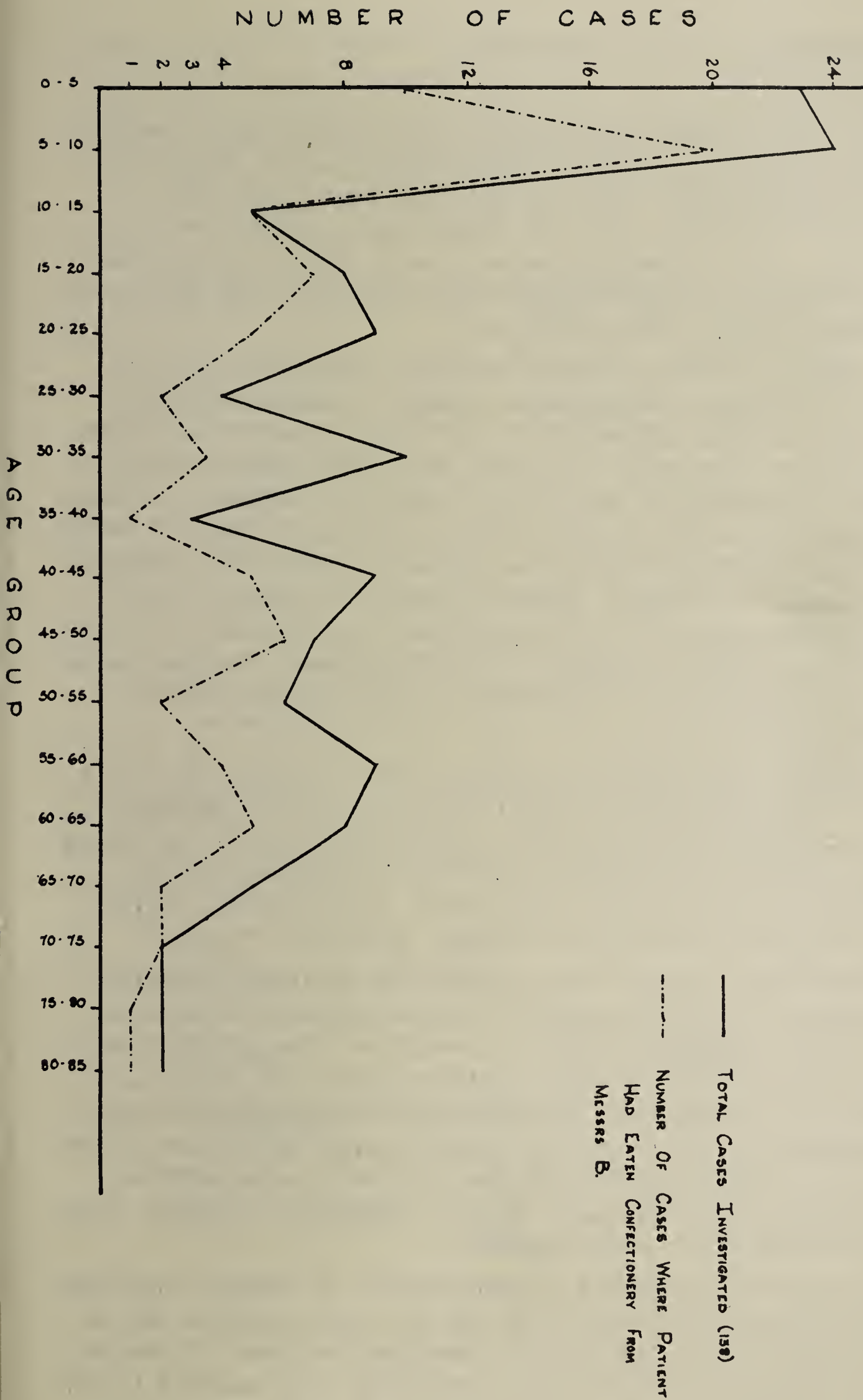
Age	Males	Females
0-5	12	8
5-14	9	22
15-44	19	33
45-64	8	28
65+	5	5
Unknown	<u>6</u>	<u>12</u>
	<u>59</u>	<u>108</u>

The 5-10 year-old age group provided the largest number of cases (20) this age distribution being equally consistent with an infected ice cream. It is thought however, that many adolescents and adults did not seek medical advice for conditions which caused anxiety to the mothers of younger children.

This account surely shows how the friendly and spontaneous co-operation of all agencies is of supreme importance to the Medical Officer of Health. The help of the director of the Public Health Laboratory, Dr. R. Pilsworth, was indispensable, not only for identification of the causal agent, but in distinguishing other salmonella infections occurring at the same time, a likely source of confusion.

We are particularly indebted to all our general practitioner colleagues for promptly supplying information and to the staff of the sanitary inspectors' section for their punctual and thorough investigation. Special mention must be made of Mr. Drake who once more showed himself to be a first-rate field epidemiologist.





## TUBERCULOSIS.

### *Notification.*

The Public Health (Tuberculosis) Regulations 1952 came into operation on May 1st. They revoked the Regulations of 1930 so that the tuberculosis register which has been of so much importance during the last two decades has no longer to be maintained. The old Regulations were very explicit about what a Medical Officer of Health might not do, as will be seen from the following extract from Article 14:

"Nothing in these regulations shall have effect so as to apply, or so as to authorise or require a medical officer of health or a local authority, or any other person or authority, directly or indirectly, to put in force with respect to any person in relation to whom a notification in pursuance of these regulations has been transmitted to a medical officer of health any enactment, which renders the person, or anyone in charge of the person, or any other person, liable to a penalty, or subjects the person to any restriction, prohibition, or disability affecting himself, or his employment, occupation or means of livelihood, on the ground of his suffering from tuberculosis."

The new regulations are silent on these matters and merely provide that notifications shall now be sent to the Medical Officer of Health of the district in which the person is living at the time of notification, and places on him the duty of forwarding the appropriate particulars to the Medical Officer for the district in which the patient ordinarily resides.

There were only 178 new notifications or inward transfers of pulmonary tuberculosis and it is gratifying to be able to record this continued decline in prevalence. There are grounds for the belief that the more intensive search for cases of tuberculosis by means of tuberculin surveys and mass miniature radiography must increase the number of early and minimal cases which are notified and that in fact, therefore, the overall situation is more favourable than the comparative figures, when taken by themselves, would suggest.

The greatest incidence of tuberculosis in females continued to occur between the ages of 15 and 35, which provided 43% of the notified cases. The period of maximum incidence is greater in men extending from 15 to 45, from which ages came 65% of the notifications. In previous years attention has been drawn to the effect of immigration on our figures. Of the total of 178 notifications, no fewer than 62 (32 men and 30 women) were of patients who came to Southend suffering from the disease. It continues to be true therefore, that for every two cases of



tuberculosis which occur in Southend, there is added a third by movement into the Borough. There were only three instances in which cases of tuberculosis came to our attention after the death of the patient, a welcome decline in so-called posthumous notifications and one well below the national average. This in itself constitutes a tribute to our local interest and arrangements.

There was a striking fall in mortality from pulmonary tuberculosis as only 18 deaths (13 men and 5 women) were recorded. This compares with 39 in 1951, 45 in 1950 and 50 in 1949.

During the year it became progressively easier to provide prompt treatment for patients requiring admission to hospital and some of the beds in our local hospitals have been used to a greater extent for patients from less favoured areas. Together with the development of new drugs and greater experience in their use, the scope and indications for surgical treatment have continued to expand. While therefore, there are reasons to suggest that over a long period of time there has been a steady fall in the mortality from pulmonary tuberculosis, a process interrupted and temporarily reversed by two world wars, it is surely reasonable to believe that our improved standards of living, the efforts we have made to provide better houses, the skill and devotion of our nurses and doctors and the quiet, persistent and unspectacular efforts of the preventive services are together making a substantial contribution to the defeat of this disease.

*Tuberculosis Register.*

Number on Register 1.1.52	...	967
Transfers out	...	44
Lost sight of, refused treatment	...	6
Died	...	33
Recovered	...	<u>98 181</u>
Transfers in, and returned after discharge	...	65
Recovered case restored to Register	...	-
New cases	...	<u>127 192</u>
Number on Register 31.12.52	...	978

The following table gives an analysis of the new cases notified from all sources during the year, and of the deaths which occurred during 1952. The information is set out graphically later on.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	3	2	1	1	-	-	-	-
5	2	5	1	-	-	-	-	-
15	19	23	2	1	-	-	-	-
25	21	20	2	1	2	-	1	-
35	25	9	-	3	2	1	-	-
45	15	7	1	-	1	2	1	-
55	14	3	-	-	4	-	-	-
65 and upwards	7	3	1	-	4	2	-	-
Totals	106	72	8	6	13	5	2	-

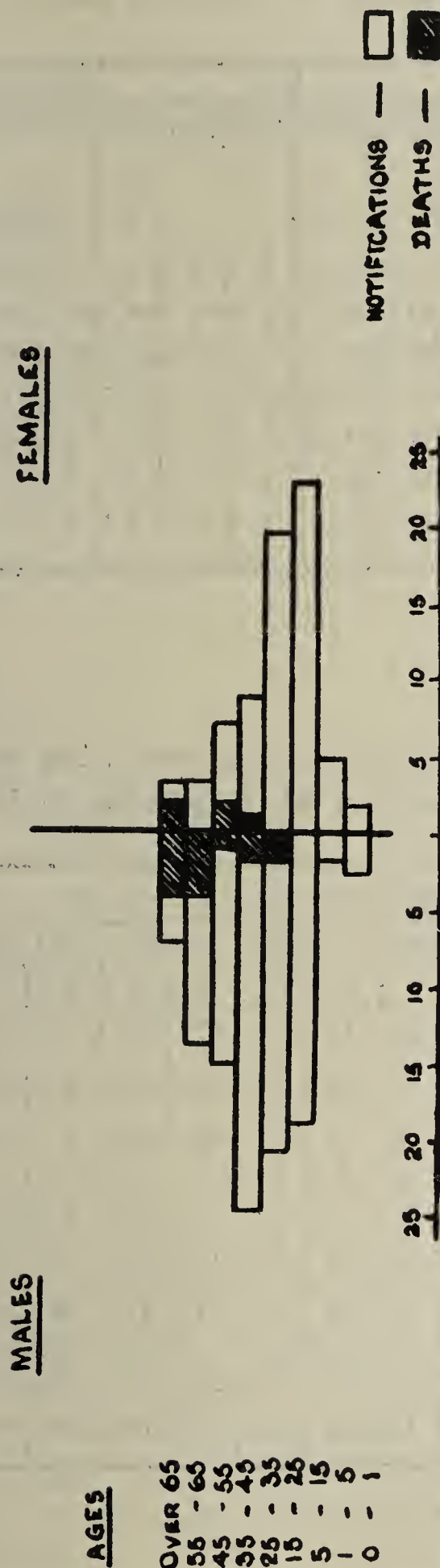
NOTIFICATIONS OF PULMONARY TUBERCULOSIS  
CLASSIFIED ACCORDING TO AGE GROUPS

Age Group	1938		1946		1947		1948		1949		1950		1951		1952	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	-	-	-	-	-	1	-	-	1	-	2	-	-	1	-	-
1	-	-	-	-	1	2	2	3	4	12	4	11	4	2	3	2
5	1	1	5	6	5	12	11	5	6	7	16	6	4	5	2	5
15	11	21	29	42	26	31	15	19	21	33	20	39	18	33	19	23
25	12	27	34	35	26	26	31	28	23	24	30	25	27	20	21	20
35	17	11	27	21	24	16	21	30	15	18	15	7	16	10	25	9
45	15	9	23	4	20	12	12	6	11	4	15	6	16	6	15	7
55	8	3	12	3	18	3	9	6	17	-	16	4	11	-	14	3
65	2	1	5	8	4	6	4	3	10	2	15	4	13	10	7	3
Totals	66	73	135	119	124	109	105	100	108	100	133	102	109	87	106	72



# RESPIRATORY TUBERCULOSIS

## NOTIFICATIONS AND DEATHS BY AGE GROUPS



## ANNUAL DEATH RATES PER 100,000

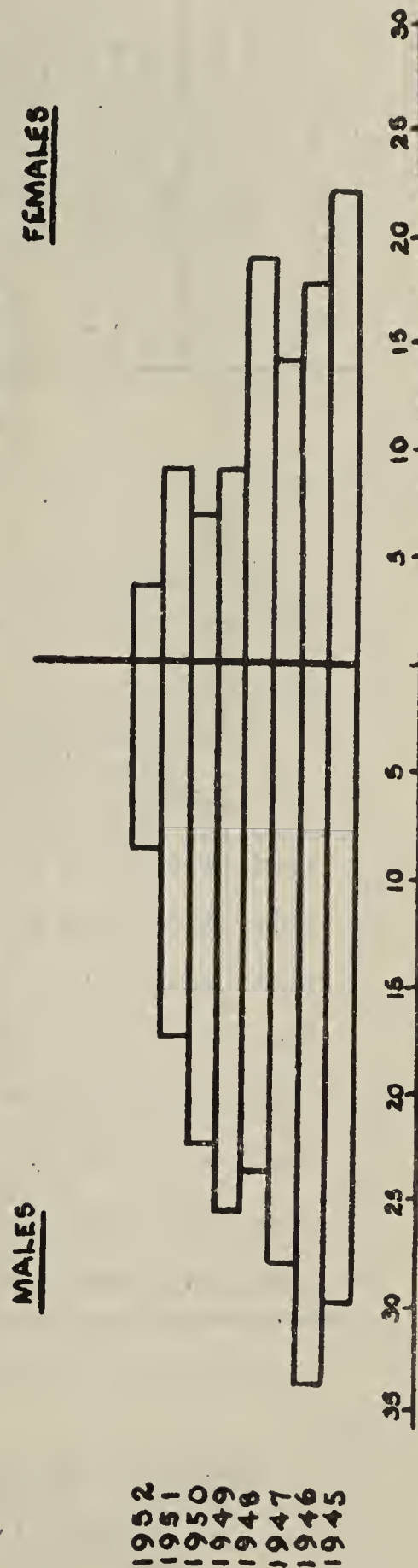


TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF PULMONARY  
TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Group	MALES								FEMALES							
	1938	1946	1947	1948	1949	1950	1951	1952	1938	1946	1947	1948	1949	1950	1951	1952
0	-	-	-	-	0.9	1.5	-	-	-	-	0.9	-	-	-	-	-
1	-	-	0.8	1.9	3.7	3.0	3.6	2.8	-	-	1.8	3.0	12.0	10.8	1.2	2.8
5	1.5	3.7	4.0	10.5	5.6	12.0	3.6	1.9	1.4	5.0	11.0	5.0	7.0	5.9	2.3	6.9
15	16.7	21.5	21.0	14.3	19.4	15.0	16.5	18.0	28.8	35.3	28.5	19.0	33.0	38.2	5.8	32.0
25	18.2	25.2	21.0	29.5	21.3	22.6	24.8	19.8	37.0	29.4	23.9	28.0	24.0	24.5	37.8	27.9
35	25.8	20.0	19.4	20.0	13.9	11.3	14.7	23.6	15.0	17.7	14.7	30.0	18.0	6.9	23.0	12.5
45	22.7	17.0	16.1	11.4	10.2	11.3	14.7	14.1	12.3	3.4	11.0	6.0	4.0	5.9	11.5	9.7
55	12.1	8.9	14.5	8.6	15.7	12.0	10.2	13.2	4.1	2.5	2.7	6.0	-	3.9	6.9	4.1
65	3.0	3.7	3.2	3.8	9.3	11.3	11.9	6.6	1.4	6.7	5.5	3.0	2.0	3.9	11.5	4.1

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:-

	Respiratory				Non-Respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1952	458	394	28	27	19	31	13	8	477	425	41	35	978
1951	435	400	29	35	20	29	11	8	455	429	40	43	967
1950	460	401	36	37	19	26	13	8	479	427	49	45	1000
1949	469	397	44	56	32	32	42	24	501	429	86	80	1096
1948	446	367	37	41	37	28	40	30	483	395	77	71	1026
1947	414	349	25	34	34	22	35	27	448	371	60	61	940
1946	377	306	20	23	34	15	38	30	411	321	58	53	843
1945	341	266	18	15	30	12	32	28	371	278	50	43	742

Note:- On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).



RETURN SHOWING THE WORK OF THE CHEST CLINIC  
DURING THE YEAR 1952.

	Pulmonary				Non-Pulmonary				Total				Grand Total	
	Adults		Children		Adults		Children		Adults		Children			
	M	F	M	F	M	F	M	F	M	F	M	F		
A.-NEW CASES examined during the year (excluding Contacts) -														
(a)Definitely tuberculous	64	33	2	2	5	3	2	1	69	36	4	3	112	
(b)Non-tuberculous	-	-	-	-	-	-	-	-	802	774	163	133	1872	
B.-CONTACTS examined during the year:-														
(a)Definitely tuberculous	5	4	3	3	-	-	-	-	5	4	3	3	15	
(b)Non-tuberculous	-	-	-	-	-	-	-	-	142	180	69	72	463	
C.-CASES written off the Register as:														
(a)Recovered ...	38	40	3	10	3	4	-	-	41	44	3	10	98	
(b)Non-tuberculous (including any such cases previously diagnosed and entered on the Register as tuberculous)	3	1	-	-	-	-	-	-	3	1	-	-	4	
D.-NUMBER OF PERSONS on Register on December 31st:-														
(a)Definitely tuberculous	458	394	28	27	19	31	13	8	477	425	41	35	978	

1. Number of persons on Register on January 1st	...	967
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years		65
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"	...	46
4. Cases written off during the year as dead (all causes)		33
5. Number of visits by Consultant Chest Physician to homes (including personal consultations)	...	62
6. Number of "Recovered" cases restored to Register and included in A(a) and B(b) above	...	4
7. Number of T.B. plus cases on Register on 31st December		124
8. Total number of visits made by Tuberculosis Health Visitors	...	3,923

## VENEREAL DISEASES.

The courtesy of the Southend Group Hospital Management Committee permits the inclusion here of statistics relating to the work of the venereal diseases treatment centre at Westcliff Hospital. The treatment centre serves a wide area, and although some residents undoubtedly seek treatment in London, it is believed that the figures allow valid assumptions to be made about the trends of these diseases.

### Syphilis.

Only one case of primary syphilis received treatment as did one latent infection of less than one years duration. Once again no child under the age of one was treated for congenital disease.

### Gonorrhoea

Another year has produced no significant changes as compared with its predecessor in the number of patients found to be suffering from gonorrhoea.

### Non Venereal Conditions.

More than half the patients attended for conditions which were shown to be non-venereal in origin. This argues continued awareness of the importance of treatment and of confidence in the clinic, but is less reassuring concerning the general level of sexual morality.

Clinic attendances were:

	Clinic Attendances		Intermediate Attendances	
	M	F	M	F
Syphilis . . .	763	1358	135	130
Gonorrhoea . . .	308	235	12	5
Other Patients	<u>969</u>	<u>811</u>	<u>30</u>	<u>6</u>
	<u>2040</u>	<u>2404</u>	<u>165</u>	<u>141</u>

The following are the civilian totals for previous years.

New Patients suffering	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
From:															
Syphilis	34	21	24	40	23	29	33	52	50	50	58	46	33	13	16
Gonorrhoea	127	83	61	78	82	73	60	112	110	71	58	67	37	44	42
Soft Chancre	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Total Attendances	9768	9472	2846	3319	3345	5185	4387	4431	5840	4714	3667	5907	5952	5461	4750



Year ending 31.12.52.

Number of patients:	Syphilis		Gonorrhoea		Conditions other than venereal		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
Under treatment on 1.1.52 ...	55	90	11	20	41	36	107	146
Returned after cessation of attendance in previous years ...	1	2	-	-	-	1	1	3
Dealt with for first time, suffering from:								
(a) Syphilis primary	-	1	-	-	-	-	-	1
(b) „ secondary	-	-	-	-	-	-	-	-
(c) „ latent in 1st year of infection	1	-	-	-	-	-	1	-
(d) Syphilis, cardio-vascular	-	-	-	-	-	-	-	-
(e) „ of nervous system	-	-	-	-	-	-	-	-
(f) „ all other late or latent stages	3	6	-	-	-	-	3	6
(g) Syphilis, congenital (under 1 year) ...	-	-	-	-	-	-	-	-
(h) Syphilis, congenital	3	2	-	-	-	-	3	2
(i) Gonorrhoea ...	-	-	32	10	-	-	32	10
(j) Chancroid ...	-	-	-	-	-	-	-	-
(k) Lymphogranuloma inguinale ...	-	-	-	-	-	-	-	-
(l) Granuloma venereum	-	-	-	-	-	-	-	-
(m) Any other conditions requiring treatment	-	-	-	-	67	29	67	29
(n) Conditions not requiring treatment	-	-	-	-	160	90	160	90
(o) Conditions remaining undiagnosed at 31st December ...	-	-	-	-	1	2	1	2
Total under treatment during 1952 ...	63	101	43	30	269	158	375	289
Discharged after completion of treatment and tests for cure ...	21	23	18	17	223	128	262	168
Ceased to attend before completion of treatment	-	1	-	-	-	-	-	1
Ceased to attend after completion of treatment but before final tests for cure ...	9	26	9	2	-	-	18	28
Transferred to other Centres ...	3	10	5	3	13	12	21	15
Number under treatment on 31.12.52. ...	32	43	12	8	33	30	77	81

## CANCER.

The number of deaths from malignant disease was 383, compared with 410 the year before. The marked increase in deaths from cancer of the respiratory system in males, which was commented on last year, was again a prominent feature.

The primary sites of disease were as follows:-

	Males	Females
Skin	1	1
Lips, Cheek, Mouth, Tongue etc.	3	1
Larynx, Bronchus, Lung, Mediastinum	75	13
Oesophagus	4	1
Stomach	25	24
Small Intestine	1	1
Caecum, Colon	13	24
Rectum	11	14
Gall bladder, bile ducts, liver	5	2
Pancreas	7	5
Kidney, suprarenal	4	6
Bladder, urethra	12	1
Prostate	10	5
Ovary		16
Uterus		14
Breast		52
Brain	6	2
Bone	3	2
Thyroid	2	5
Miscellaneous or not ascertained	9	13
	<u>191</u>	<u>192</u>

There were 8 deaths attributed to malignant disease in persons under 35 years of age, the primary sites of disease being as follows:-

Male	32 years	Carcinoma Bronchus
Male	31 years	Sarcoma of Femur
Male	27 years	Carcinoma of Lung
Male	6 years	Neuroblastoma of Suprarenal
Male	29 years	Teratoma of Testis
Male	19 years	Sarcoma of Tibia
Female	20 years	Retroperitoneal Sarcoma
Female	24 years	Lymphadenoma

## PUBLIC HEALTH (AIRCRAFT) REGULATIONS 1952.

These new regulations came into operation on the 1st October, 1952, in place of those made in 1950. This revision became necessary following the adoption by the Fourth World Health Assembly, in May 1951, of the International Sanitary Regulations (World Health Organization Regulations No. 2), which also became operative on the 1st October, 1952.

Advantage was taken of this opportunity to make a number of changes in the Regulations designed to facilitate international travel and simplify the procedure of health control.



Article 100 of the International Sanitary Regulations prescribes that "No sanitary document other than those provided for in these Regulations, shall be required in international traffic." In consequence of this regulation, the Personal Declaration of Origin and Health formerly completed by passengers arriving in any territory from abroad can no longer be required. Some apprehension has been felt lest the absence of the information contained in this declaration should result in delay in tracing the contacts of an aircraft passenger who develops an infectious disease after arriving in this country. Experience will no doubt show whether these apprehensions are justified, but it is to be hoped that the other means of contact tracing available will prove to be a sufficient safeguard.

In order to facilitate the sanitary control of airborne traffic the territories in Europe of the Brussels Treaty Powers were declared an "excepted area" to which a special procedure was applicable. By the old regulations health control was applied to the aircraft and passengers at the first place within the "excepted area" at which it alighted, and passengers continuing their journey to another country within the "excepted area" were ordinarily exempt from further health control. Article 34 of the International Sanitary Regulations provides that, with certain exceptions, no sanitary measure other than medical examination shall be applied to passengers and crew from a healthy aircraft who are in transit through a territory. In consequence of this, health control is now applied at the destination of the aircraft or at intermediate stops for the passengers who disembark there.

The volume of traffic passing through Southend Airport continued to increase during 1952 as is shown by the following table of customs movements reproduced by kind permission of the Airport Manager.

Month	Aircraft		Passengers	
	In	Out	In	Out
January	43	43	105	184
February	45	46	444	546
March	32	36	278	328
April	65	70	392	389
May	77	80	206	192
June	132	154	337	364
July	180	184	736	954
August	176	181	1132	1305
September	102	100	415	324
October	34	37	78	117
November	18	18	39	65
December	12	15	43	123
	916	964	4205	4891
	<u>1880</u>		<u>9096</u>	

There was no import of food-stuffs during the year, but there were a few movements of livestock, both inwards and outwards.

No important public health problems were encountered during the year.

# LOCAL GOVERNMENT SUPERANNUATION ACT, 1937 AND SICK PAY REGULATIONS.

The following table shows the number of medical examinations carried out for the various Departments of the Corporation.

Education	182
Candidates for Teachers Training	
Colleges	48
Transport	142
Public Health	30
Borough Engineer <sup>s</sup>	28
Children <sup>s</sup>	27
Borough Treasurer <sup>s</sup>	20
Cleansing	17
Pier and Foreshore	16
Parks	15
Town Clerk <sup>s</sup>	11
Libraries	11
Airport	7
Police	5
Cemeteries	5
Architect <sup>s</sup>	5
Housing	4
Fire Brigade	3
Entertainments	2
Justices <sup>s</sup> Clerk <sup>s</sup>	2
Fuel Overseer <sup>s</sup>	1
	<u>581</u>

In addition 164 Sick Pay Regulation cases were dealt with by enquiry and report without medical examination.

## SANITARY CIRCUMSTANCES OF THE AREA

### WATER SUPPLY.

The water supply of the area was fully described in the report for 1944; no changes requiring mention have been made during the year. The supply has been satisfactory in both quantity and quality.

With the exception of a few houses which draw water from shallow wells, all premises have supplies of piped water. The Southend Waterworks Company maintains a fully equipped laboratory at its Langford works, and the water supplied by it is under full bacteriological control from the time it enters the intakes until it goes into service. In addition periodic samples are sent to an independent laboratory, copies of whose reports are, from time to time, furnished to the Medical Officer of Health by courtesy of the Secretary.

Samples of water taken from the Corporation<sup>s</sup> undertaking and from service pipes supplied by both Undertakers are daily submitted to the Public Health Service laboratory for bacteriological examination, and are supplemented by complete chemical and bacteriological examinations by an independent laboratory. The waters have no liability to plumbo-solvent action.



Typical analyses are:

	Southend Waterworks Company	Shoeburyness Waterworks
CHEMICAL RESULTS IN PARTS PER MILLION		
Appearance	Bright with a few mineral particles.	Very faint opal- escence with a granular deposit of siliceous particles (sand)
Turbidity	Less than 3	Nil
Colour	Less than 10	Filtered: 3
Odour	Nil	Nil
pH	8.5	8.5
Free Carbon Dioxide	Absent	Absent
Electric Conductivity	475	1480
Total Solids	320	970
Chlorine present as Chloride	62	320
Alkalinity as Calcium Carbonate	17	275
Hardness:		
Total	130	25
Carbonate	17	25
Non-Carbonate	113	0
Nitrate Nitrogen	3.4	0.0
Nitrite Nitrogen	Less than 0.01	Absent
Ammoniacal Nitrogen*	0.010	0.33
Oxygen Absorbed	0.60	0.35
Albuminoid Nitrogen*	0.059	0.000
Residual Chlorine	Absent	Absent
Metals:		
Iron	0.03	0.06
Other metals	Absent	Absent

\*To convert to Ammonia multiply by 1.21

#### BACTERIOLOGICAL RESULTS

Sampling bottles are treated to remove residual chlorine if present.

##### Number of Colonies developing on Agar

1 day at 37° C.	0 per ml.	0 per ml.
2 days at 37° C.	0 per ml.	0 per ml.
3 days at 20° C.	1 per ml.	1 per ml.

##### Presumptive Coli-aerogenes

Reaction		
Present in	- ml.	- ml.
Absent from	100 ml.	100 ml.
Probable number	0 per 100 ml.	0 per 100 ml.
Bact. Coli. (Type I)		
Present in	- ml.	- ml.
Absent from	100 ml.	100 ml.
Probable number	0 per 100 ml.	0 per 100 ml.
Cl. welchii Reaction		
Present in	100 ml.	- ml.
Absent from	10 ml.	100 ml.

## REMARKS

### Southend Waterworks Company

This sample is practically clear and bright in appearance, faintly alkaline in reaction and free from metals apart from a negligible trace of iron. Its hardness and its content of mineral and saline constituents are very moderate. Its organic quality and bacterial purity are of a high standard.

These are very satisfactory results indicative of a water which is pure and wholesome in character and suitable for drinking and domestic purposes.

(Sgd.) ROY C. HOATHER.

31st July, 1952.

### Shoeburyness Waterworks

This sample is almost clear and bright in appearance, faintly alkaline in reaction and free from metals apart from a minute trace of iron. The water is soft in character and its content of mineral and saline constituents, although somewhat high, is not excessive. Its organic quality and bacterial purity are of a high standard.

These results are consistent with a water which is pure and wholesome in character and suitable for drinking and domestic purposes (apart from the disadvantage of its known content of fluorine.)

(Sgd.) ROY C. HOATHER.

30th December, 1952.



# SANITARY INSPECTION OF THE BOROUGH.

Mr. R. A. Drake, B. E. M., M. R. S. I., Chief Sanitary Inspector, reports as follows:-

## A. COMPLAINTS.

The following table shows the complaints received during the year and the visits of inspection made in connection with them.

	Complaints	Visits
General housing defects	1,809	9,862
Defective drainage systems	408	1,168
Blocked drainage systems	270	683
Absence of or defective dustbins	73	289
Dirty condition of houses or rooms	212	983
Animals improperly kept	74	241
Overcrowded and unsatisfactory housing conditions	486	1,385
Insect pests	89	260
Fly nuisances	14	39
Deposit of refuse on vacant land and back passages	99	271
Caravans	27	86
Smoke nuisances	43	167
Food and food premises	67	311
Factories and workshops	24	182
Shops Act	87	429
Water supply	24	152
Sanitary conveniences	11	90
Miscellaneous	<u>239</u>	<u>956</u>
	<u>4,156</u>	<u>17,654</u>

These figures do not include 454 complaints in connection with rats and mice, which are shown elsewhere in the report.

## B. ABATEMENT OF NUISANCES.

Number of premises where nuisances were found to exist		2,316
Abated:-		
after service of informal notices	974	
after service of statutory notices	89	
without notice	<u>787</u>	1,850
In process of being dealt with on 31st December, 1952		466

Proceedings were instituted against seven owners for failure to comply with statutory notices. In all cases the Court made Nuisance Orders, in one the Order was not complied with and the Corporation undertook the work, recovering the cost from the owner.

### C. HOUSING.

#### (a) *Unfit Houses.*

At the beginning of the year the remaining two houses scheduled in 1939 as requiring action to ensure demolition, were still occupied, and if they are kept in a reasonable standard of repair, their demolition can be deferred a little longer.

A Demolition Order was made on one house which had become unfit for habitation owing to the serious settlements which had occurred. The owner/occupier could not pay for the extensive necessary repairs, and his family was rehoused by the Corporation.

Five houses became so dilapidated that their owners demolished them without formal action, all the occupants being rehoused by the Corporation.

#### (b) *Repairs to Houses.*

To secure the execution of necessary repairs by some owners became increasingly difficult, mainly in connection with properties let at controlled rents, the owners of which lack the means to meet the high cost of repairs; some owners have had to mortgage the property for substantial amounts in order to pay for essential work required by the Department. Nevertheless, all repairs essential to make the houses fit for habitation have been carried out, but a substantial amount of urgent maintenance work which ought to be done is not being undertaken. If this state of affairs continues a progressive deterioration in the condition of much of this property must follow, and the time come when houses will go out of use only because it is no longer economic to maintain them.

#### (c) *Overcrowding and Unsatisfactory Housing Conditions.*

Four hundred and eighty-six complaints were received about overcrowded and unsatisfactory housing conditions, to deal with which 1,386 visits were made. Each complaint was investigated and where statutory overcrowding was found the circumstances were checked. Where overcrowding was due to circumstances over which the family had no control, the facts were reported to the Housing Committee, but, however, where in a few cases the overcrowding was due to other causes, appropriate action was taken to obtain its abatement.

The attention of the Housing Committee was also drawn to families living in conditions likely to be detrimental to health.

#### (d) *Service Department Camps.*

During the year the use of hutments on one camp site for housing purposes was discontinued, and all the occupants rehoused by the Corporation. Although conditions on the other site have been improved by the provision of sanitary conveniences, water supplies, etc., the accommodation there is very sub-standard, and it is hoped that it will soon be possible to stop using it for housing purposes.



#### D. DIRTY AND VERMINOUS HOMES.

The number of complaints received under this heading was 212 as compared with 191 last year, of which many referred to rooms occupied by aged persons; in a number of instances it was found that the allegations were unjustified, the only action required being a general tidying and cleaning up.

Although no use had to be made of the provisions of Section 47 of the National Assistance Acts 1948/1951, several aged persons living in insanitary conditions and unable properly to care for themselves came to notice. They were visited by the Medical Officer of Health and Chief Sanitary Inspector, and an inspection of the accommodation made, following which a decision was made as to the best way of dealing with the particular problems presented. Compulsory removal to an institution or hospital has been avoided only with the co-operation of the Home Nursing and Home Help Services, to whom we are indebted.

The cleaning of dirty rooms calls for special mention, especially when, as often happens, there is a heavy vermin infestation. It is usually found that these rooms have been lived in for many years, during which time no proper cleaning or tidying has been done; often a dog or cat which has been fouling the floor coverings and bedding over a long period, is kept. Large accumulations of old soiled clothing, decomposing food, newspapers and rubbish are found, and the tenant usually objects most strongly to the upheaval entailed in cleaning up. Considerable difficulty is experienced in finding persons willing to undertake this work, which involves long hours, as it frequently happens that the room has to be ready for re-occupation the same day. As can well be imagined, this work is repugnant to most women, and those undertaking it deserve special consideration and a rate of pay higher than ordinary. Apart from the objectionable nature of the task it has to be borne in mind that by their work they prevent unnecessary institutionalisation at a time when Part III accommodation is under much pressure.

It is disappointing in these days of enlightenment and social welfare, still to have brought to notice aged persons living in a squalid room. They cannot care for themselves and receive but perfunctory attention from the responsible tenant of the house, whose children frequently undertake any necessary shopping. It usually happens that whilst the tenant is able to pay the rent of her room regularly and can manage to support existence like this, no demands are made on the authorities, and we are only called upon when illness supervenes. Hospital treatment or admission to an institution is usually required, and in this connection I have received considerable assistance from the Principal Lay Officer of the Department who, in spite of the acute shortage of beds, has



always somehow managed to secure admission to hospital or institution of our urgent cases without undue delay.

Nine hundred and eighty-three visits were made to persons requiring supervision.

The provisions of Sections 83 and 84 of the Public Health Act 1936 were used in three instances after informal action had failed to improve conditions.

The Department treated 335 rooms for infestations with vermin.

#### E. CAMPING SITES.

Two camping sites were re-licensed during the year; they were well maintained and the conditions of the licences closely observed. Both are provided with sanitary conveniences connected to the Council's sewers, and the employment of male and female attendants ensures proper maintenance.

On one camping site a boiler supplies hot water for the use of campers, who take full advantage of this amenity, both for personal and domestic purposes.

These camping sites serve a useful purpose by offering facilities to many who would otherwise occupy vacant plots of land, thereby creating nuisance and annoyance to residents in the vicinity. The camper who arrives in a trade vehicle, usually at bank holiday periods, and squats on undeveloped land in close proximity to the front, often near good class residential property, still gives trouble. He causes considerable annoyance to the residents in the near vicinity by asking for water and other amenities, but does not remain long enough to create a public health nuisance, particularly when he uses the public conveniences in the near neighbourhood. The byelaw whereby a householder within a distance of 300 yards of these squatters can call upon a police constable to secure the removal of an uninvited camper is little used as householders hesitate, quite naturally, to call upon the police lest unpleasantness should follow. It would be helpful if local authorities could schedule built-up areas in which no camping would be allowed except within the curtilage of a dwellinghouse; this would leave unaffected the rights of the householder to put a caravan in his garden for the convenience of his friends and family, and give the camping organisations no legitimate complaint about exclusion from the outskirts of centres of population.

Three applications were received for licences to station caravans on sites in the Borough; all were refused. Fourteen caravans occupying sites without licences, were all removed without recourse to Court proceedings.



#### F. THE PREVENTION OF DAMAGE BY PESTS ACT 1949.

During the year, 454 notifications of infestations were received, and 1961 visits to deal with them were made; 336 referred to rat infestations, and 118 to mice. Two thousand, seven hundred and sixty-two test baits and 652 poison baits were laid.

The majority of the rat infestations at dwellinghouses arise from the keeping of poultry in the gardens or on adjoining properties.

In conjunction with the British Railways, an extensive survey and treatment was carried out at an area of railway embankment and an adjoining pig farm, after which the bodies of 60 rats were collected. Post baiting over an extended period indicated that the infestation had been completely cleared.

The new rodenticide "Warfarin" has continued to give good results. It is used dry and so can be left *in situ* requiring to be inspected only at intervals of three or four days.

The treatment of sewers is undertaken by the Borough Engineer's Department, which has supplied the following information.

"As required by the Ministry of Agriculture and Fisheries, bi-annual maintenance treatments were carried out; a total of 560 manholes was pre-baited, and 235 poison baits laid."

#### G. ATMOSPHERIC POLLUTION.

No serious case of atmospheric pollution came to notice during the year. Of the 43 complaints received, 21 referred to chimneys of dwellinghouses, 7 to the use of incinerators for disposing of trade refuse, 10 to small workshops where fuel other than coal or coke was being used in slow combustion stoves, and the remaining 5 to laundry premises where unsuitable fuel caused trouble. With the co-operation of the local Fuel Overseer, arrangements were made for more suitable fuel to be provided, when cause for complaint was diminished.

#### H. HOUSEBOATS.

All the 170 houseboats etc. previously moored in Leigh Creek and used for human habitation have now been removed under the powers of the Southend-on-Sea Corporation Act 1947.

#### I. RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951.

This Act, operative from 1st November 1951, repeals and replaces the Rag Flock Acts 1911 and 1928 and the Rag Flock Regulations 1912. It requires the use of clean filling materials in upholstered articles which are stuffed or lined, and provides for the registration of premises where such filling materials are

used, (except for remaking or reconditioning of articles,) and for the licensing of premises used for manufacturing or storing rag flock. Powers are given to local authorities to inspect premises and sample materials. Thirteen applications for registration of premises were received; all were granted.

#### J. PET ANIMALS ACT 1951.

This Act, operative from 1st April 1952, provides for the licensing of premises from which pet animals are sold, and empowers the local authority to make conditions regarding their housing and care.

Twenty-nine applications for licences were received, and twenty-eight were granted, in one instance after the applicant had met the requirements of the Council.

#### K. PHARMACY AND POISONS ACT 1933.

The Department's responsibilities are mainly with the sale of those poisons scheduled in Part II of the Poisons List, which includes household ammonia, carbolic disinfectants, insecticides, horticultural sprays, etc. The names of retailers have to be entered in the Council's list and certain precautions about labelling, storage, etc. have to be observed. Four hundred and sixty-seven inspections were made in respect of 234 premises registered by the Council.

#### L. PLACES OF ENTERTAINMENT.

Four hundred and twenty-seven inspections of the sanitary accommodation in cinemas and theatres were made during the year. Only a few minor sanitary defects were found; these were immediately attended to when brought to the notice of the management.

#### M. PARTICULARS OF

##### (a) Notifiable Diseases

Enquiries concerning notifiable diseases required 1,251 visits, in addition to which 810 visits were made to contacts. Poliomyelitis, food poisoning, and psittacosis enquiries placed a heavy burden on the staff.

##### (b) Other visits or inspections

Marine store dealers	133
Piggeries	741
Registration of hotels, boarding and apartment houses (for Publicity Committee)	1,295



## N. LICENSED HOUSES.

Detailed inspection of the sanitary accommodation provided for customers of licensed houses in the Borough has been continued. Where additions or improvements were considered necessary our views were communicated to the owners who usually sent their representatives and architects for discussions at the premises.

The kitchens of those licensed houses where meals are provided have received attention, and several have now been modernised.

## INSPECTION AND SUPERVISION OF FOOD.

### FOOD AND DRUGS ACTS 1938 - 1944.

#### A. MILK.

##### (i) Registration and Licensing.

###### Milk and Dairies Regulations, 1949.

No. of persons registered as distributors	90
No. of premises registered as dairies	9

###### Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950.

No. of dealers' (Pasteuriser's) licences	5
No. of dealers' (Pasteuriser's - Tuberculin Tested Milk) licences	3
No. of dealers' licences to use the special designation "Pasteurised"	49
No. of dealers' licences to use the special designation "Tuberculin Tested (Pasteurised)"	13
No. of supplementary licences to use the special designation "Pasteurised"	1
No. of dealers' (Steriliser's) licences	1
No. of dealers' licences to use the special designation "Sterilised"	74
No. of supplementary licences to use the special designation "Sterilised"	2

###### Milk (Special Designation) (Raw Milk) Regulations 1949 and 1950.

No. of dealers' licences to use the special designation "Tuberculin Tested"	27
-----------------------------------------------------------------------------	----

The "Special Designations" listed above may soon acquire an additional significance if the Minister of Food decides to utilize powers under the Food and Drugs (Milk, Dairies and Artificial Cream) Act 1950. If Southend-on-Sea is included in an area "specified" under this act, all milk sold by retail will require to bear a "special designation". As the daily sales of milk which does not come within these categories is now small, no objections to the making of the requisite Order are anticipated.

##### (ii) Bacteriological Examination of Milk.

During the year, 435 samples of milk were submitted for the prescribed examinations.

	No. of Samples	Passed	Failed
Pasteurised	113	111	2
Sterilised	55	55	4
Tuberculin Tested -			
(i) Pasteurised	79	78	1
(ii) Farm Bottled	288	284	4

(iii) Summary of Chemical Analyses of Milk Samples.

Period	No. of Samples analysed	Averages	
		Fat %	Solids not fat %
March quarter	120	3.44	8.64
June quarter	13	3.35	8.94
September quarter	59	3.40	8.89
December quarter	84	3.60	10.12
Year ended 31. 12. 52	276	3.51	9.16

(iv) Inspections and Complaints.

Inspections of dairies, plant and equipment, totalled 561 during the year. Nine complaints were received by the department; six related to alleged adulteration of milk, and three to dirty milk bottles. Samples of milk sent to the Public Analyst in connection with the complaints of alleged adulteration were reported to be satisfactory. Full investigations were made regarding the dirty milk bottles, and the responsible dairymen were cautioned as necessary.

B. ICE CREAM.

(i) Registration.

The number of premises on the register at the end of the year is shown in the following table:-

Type of Registration	Number
Manufacturers	24
Vendors	410
Total	434

No new applications were received, and there has been a marked decrease, during the past two years, in the number of manufacturers, 23 premises having closed down. The number of vendors has, during the same period, increased by 48.

Heat treatment, which is obligatory save where a complete cold mix is used, is employed by all save one manufacturer, the necessary indicating and recording thermometers being provided. All the premises and equipment are of modern design and satisfactorily maintained. It is pleasing to report that we receive the utmost co-operation from the trade in maintaining the good standards we require.

Five manufacturing firms supply considerable quantities of ice cream to retailers situated in areas outside the Borough.

One application for the registration of premises for the storage and sale of ice cream was refused.



Two firms were registered in respect of nine mobile vans for the sale of ice cream - a requirement of the Corporation's Act of 1947 - all vehicles are provided with sinks and hot and cold water supplies.

A total of 1,989 visits to ice cream premises was made during the year.

(ii) *Bacteriological Examination.*

Four hundred and fifty-three samples were submitted to the Public Health Laboratory for examination by the Methylene Blue Reduction Test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows:-

Grade 1	Grade 2	Grade 3	Grade 4
320	57	47	29

Samples falling in categories 3 and 4 are considered to be unsatisfactory. It should be noted, however, that it is the practice to take a greater proportion of samples from the less satisfactory producers and retailers, so the number of samples reported to be unsatisfactory does less than justice to the prevailing standard.

Investigation of the possible causes of contamination was carried out on the premises from which unsatisfactory samples were obtained, and advice given. In two instances where the sources of contamination were obscure, the Director of Pathology at the Public Health Laboratory attended at the factories, and, together with the Chief Sanitary Inspector and the proprietors, investigated the conditions and methods of handling the product.

The practice of giving short talks to members of the staff at the firms' premises has been continued.

(iii) *Chemical Analysis.*

From March 1st 1951 there were legal standards for ice cream. At least 5 per cent. fat, 10 per cent. sugar, and 7½ per cent. solids other than milk fat were required as recommended by the Food Standards Committee. On 7th July the Order was amended to require 4 per cent. fat, 10 per cent. sugar, and 5 per cent. solids other than milk fat.

The following table summarises the fat content of the 59 samples of ice cream submitted to the Public Analyst for analysis:-

Percentage of Fat	4%	5%	6%	7%	8%	9%	10%	11%	14%
No. of samples	1	4	2	5	10	27	8	1	1

# C. MEAT.

## (i) Slaughterhouses.

Although local authorities do not know what is to happen when the Ministry of Food ceases to control the slaughterhouses in which animals for human consumption are slaughtered, the time has surely arrived when consideration should be given to the advisability of erecting a public abbatoir for this Borough and the adjoining areas.

The home-killed meat sold in the Borough comes mostly from animals dealt with at a Ministry of Food slaughterhouse in the area of a nearby authority whose inspector is assisted in making post mortem examinations by the Council's nine qualified meat and food inspectors. Under arrangement all animals are inspected, no diseased meat reaches retailers, and all sound meat is conserved. To do this involved 419 hours of overtime duty, for which no additional payment is made, by the Council's food inspectors.

During the year the carcasses and organs of 11,960 animals were slaughtered and examined at the Ministry of Food slaughterhouse as detailed below.

	Cattle exclud- ing cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ...	2570	831	897	3633	4029
Number inspected ...	2570	831	897	3633	4029
<i>Tuberculosis Only</i>					
Whole carcasses condemned	14	19	3	-	5
Carcasses of which some part of organ was condemned ...	247	197	-	-	89
Percentage of the number inspected affected with tuberculosis ...	10.16	25.99	.33	-	2.33
<i>All Diseases Except Tuberculosis</i>					
Whole carcasses condemned	11	11	-	24	17
Carcasses of which some part or organ was condemned ...	702	274	2	68	115
Percentage of the number inspected affected with diseases other than tuberculosis ...	27.74	34.29	.22	2.53	3.28

Twenty-three specimens were submitted to the Public Health Laboratory for examination.

## *Cysticercus Bovis.*

We continued to pay special attention to the detection of cysticercus bovis during the year. Eight cases were diagnosed and the carcasses were dealt with in accordance with approved policy.



(ii) *Slaughter of Animals Act.*

One new application and nine applications for renewals of licences to slaughter animals in slaughterhouses were received, all of which were granted.

(iii) *Meat Transport.*

Attention has been given to the handling and transport of meat from the slaughtering establishments to the retail shops. Whilst the vehicles are maintained in a satisfactory condition, being washed out with hot water and hosed down at the end of each day, in few of them is it possible to hang meat during transit. The highly objectionable practice of stacking meat on the floors, which invites contamination, is therefore widespread. It is hoped that when the existing Public Health (Meat) Regulations are revised, the provision of proper equipment will become obligatory.

In one instance where we reported contamination of some meat during transit, the Road Haulage Executive took disciplinary action against the employee concerned.

D. SHELLFISH.

(i) *Cockles.*

During the year, 521 samples of cockles were submitted to the Public Health Laboratory for bacteriological examination. The Director, Dr. R. Pilsworth, has contained to apply his modification of the Methylene Blue Reduction technique to the examination of cockles. Copies of his reports have continued to be forwarded to both wholesalers and retailers, and this has proved to be of considerable assistance to inspectors when dealing with the traders, whose interest has been maintained.

Of the 521 samples examined, 345 were reported to be satisfactory and 176 unsatisfactory.

The sampling was arranged so as

- (a) to provide a check on the various stages of production, and
- (b) to measure the deterioration which occurs during retail handling.

Samples were obtained from the producers' sheds, and the following day the stocks of the retailers supplied from them were sampled.

The following table shows the relationship between the producers' and retailers' samples. It can be assumed that in general the linked results relate to the same product in different stages of its handling.

Of 157 samples, 20 taken from retailers were better than the producers' grade and 34 were lower, the same grade being maintained in the remaining 103. The results show that with the advent of the summer months the average grading falls, only to rise again in the autumn.

Shed	Producers		Retailers		
	No. of Samples	Shop No.	Same	Grades Higher	Lower
A	59	( 1	29	4	6
		( 2	1	-	1
		( 3	2	-	-
		( 4	3	3	1
		( 5	-	1	-
		( 6	2	1	-
B	13	( 7	-	-	1
		( 8	2	1	-
		( 9	5	1	3
C	19	( 10	9	1	5
		( 11	-	1	2
		( 12	1	-	-
D	30	( 13	8	2	5
		( 14	9	1	2
		( 15	1	1	1
E	5	( 16	1	-	1
		( 17	3	-	-
F	23	( 18	9	1	4
		( 19	6	-	1
		( 20	1	-	1
G	2	21	2	-	-
H	6	22	4	2	-
	<u>157</u>		<u>103</u>	<u>20</u>	<u>34</u>

(ii) Oysters.

Five samples of oysters submitted for examination by the Public Health Laboratory Service were reported as not conforming with the accepted standards for bacterial purity of oysters. On being advised of these reports the three traders concerned immediately surrendered the remaining stocks of the consignment. Eight samples of subsequent consignments from the same source were reported as being satisfactory.

E. UNSOUND FOOD.

In addition to the carcasses, etc. condemned at the slaughter-house, the undermentioned foods were voluntarily surrendered as being unfit for human consumption:

Canned goods	14334 tins
Fresh food -	
Meat	6539 lb.
Fish	287 stones
Vegetables and fruit	864 lb.
Miscellaneous	2154 lb.



## F. FOOD HYGIENE.

Although the inspection of premises where food is prepared, stored or sold, has been continued, the demands made by the poliomyelitis outbreak prevented your Inspectors from carrying out the detailed work which is necessary to maintain a satisfactory standard of hygiene in some of the food premises which operate during the season only.

Experience shows that routine visits to food premises by the District Sanitary Inspectors can best ensure the maintenance of hygienic conditions, and the improvements which have taken place are attributable in no small measure to the ability, tact and patience of Inspectors who have gained the confidence of the management, who now seek our advice before making alterations or additions to their premises. These routine inspections also afford the Inspectors the opportunity, as needed, of advising the staff about their part in the provision of clean food. Whilst this can be done in premises which operate throughout the year, it is not possible in premises which are open during the season only. Where large numbers of casual employees are engaged during peak periods it is usual to find that the majority of these employees have not previously been engaged in handling food, are not interested in the work apart from the financial benefits, and consequently constitute a high potential risk. It is a matter of considerable concern that sufficient, suitably trained Inspectors are not available to undertake this work.

Most contraventions of the Food and Drugs Act 1938 are readily put right, but in twenty-two instances reports were submitted to the Health Committee, after which the contraventions were remedied without recourse to legal proceedings. Necessary applications for building licences were supported by the Health Department, and invariably granted.

Forty-three rinsings and swabs of food containers etc. were submitted to the Public Health Laboratory; thirty-seven were reported to be satisfactory. Improvement in the routine of sterilisation and storage of the containers was effected in the remainder, and subsequent tests were found to be satisfactory.

Seven thousand, nine hundred and forty-five inspections have been made, during the year, of premises where food is prepared, stored or sold, as follows:-

Restaurants, cafes, etc.	2012
Ice cream premises	1989
Shellfish premises	853
Butchers' shops	764
Provision shops	491
Fish shops	460
Bakehouses	283
Greengrocers	215
Flour confectioners	200
Provision warehouses	151
Other food premises	527
	<u>7945</u>

G. COMPLAINTS AS TO FOOD AND FOOD PREMISES.

Sixty-seven complaints were received relating to food or food premises; these have been summarised as follows:-

Food

Alleged to be -

Unfit for human consumption	22	
Containing foreign bodies	10	
Adulterated	8	
Horseflesh sold as beef	<u>4</u>	44

Milk

Adulterated	6	
Dirty milk bottles	<u>3</u>	9

Food Premises

Dirty condition of	13	
Dirty utensils	<u>1</u>	<u>14</u>
		<u>67</u>

Of the 22 complaints about food said to be unfit for human consumption, 18 were considered to be unjustified. The four at fault were tinned or potted foods; all the stocks concerned were examined, and unsound packages surrendered to the department.

Of the 10 allegations of foreign bodies in food, only four were justified; two of these were due to the discoloration of products used in the manufacture of the food; the other two were fully investigated, and after report to the Health Committee the vendors were cautioned.

The public is quick to suspect adulterations of food and to make complaint. When this happens, any portion of the article produced by the complainant is sent to the Public Analyst, and where no sample is forthcoming from this source a formal sample is invariably obtained. Each of the eight complaints investigated during the year was shown to be unfounded.

Of the four complaints relating to the sale of horseflesh as beef, in two instances the meat was found, on visual examination, to be beef; in the remaining two instances the sausage meat was sent to the Public Analyst, who reported that the samples did not contain horseflesh.

The complaints relating to milk are dealt with under heading "A. MILK. (iv) *Inspections and Complaints.*".

As regards the food premises, 10 of the complaints alleging that shops were in a dirty condition were found to be unjustified. In the remaining three cases there were minor matters requiring attention, and these were immediately dealt with when the proprietor's attention was called to them.

The complaint alleging that dirty utensils were being used in a restaurant was not justified.



#### H. BAKEHOUSES.

The number of bakehouses on the register at the end of the year was 48; this was three less than last year. A total of 283 visits was made to these premises, in the course of which 15 contraventions of Section 13 of the Food and Drugs Act 1938 were found. Twelve of these were remedied on the proprietor's notice being called to the same. In the remaining three cases it was necessary to serve notices before the contraventions were remedied. The standard of cleanliness in bakehouses is generally satisfactory.

#### I. REGISTRATION OF HAWKERS AND THEIR PREMISES.

Registration required under the Council's private Act of 1947 ensures the adequate supervision of food on sale by hawkers, and of the premises used by them for the storage of their wares. It also enables the Council to require that food is retailed only from suitable vehicles provided with the requisite facilities for hand washing.

Six applications for registration were received from hawkers; of these two were refused as the premises to be used for the storage of food were unsatisfactory. Neither of the applicants, who were informed of their rights in this matter, appealed.

#### J. FOOD BYELAWS.

The byelaws made under Section 15 of the Food and Drugs Act 1938 became effective in June 1950, and the Department, in enforcing the requirements reasonably, has met with good response by the traders. Only one contravention has required reporting to the Health Committee, but the proprietor of the business complied with our requirements before proceedings, authorised by the Committee, were begun.

#### K. SAMPLING OF FOOD AND DRUGS.

##### (i) *Samples of Food Analysed.*

<i>Nature of Sample</i>	<i>Number</i>
Milk	276
Ice cream	59
Pastes, spreads, sauces, soups	20
Cake and pudding mixtures	12
Dried fruit	8
Alcoholic drinks	7
Vinegar	6
Sardines, silds and pilchards	6
Non-alcoholic drinks	5
Pepper	5
Sausages	4
Tapioca	3
Coffee	3
Flavouring essences	2
Cocoa	2
Rice	2

Nature of Sample	Number
Semolina	2
Desiccated coconut	2
Jam	2
Table jellies	2
Peas	2
Marzipan	1
Peanut butter	1
Gravy browning	1
Rape seed frying oil	1
Epsom salts	1
Tea	1
Synthetic cream	1
Mincemeat	1
Mint	1
Essence of Rennet	1
Edible gelatine	1
	<u>441</u>

(ii) *Unsatisfactory Samples.*

Of the samples analysed, five were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows:

No.	Sample	Formal or Informal	Nature of Adulteration or Irregularity	Observations
9	Milk	Formal	9.0% Deficient in Fat.	Cautioned.
46	Ice cream	Formal	20%       "       "       "	"
49	"       "	Formal	96%       "       " Sugar.	Papers forwarded to Ministry of Health.
109	Milk	Formal	2.82% Added Water.	Cautioned.
199	Crab paste	Informal	14% Deficient in Fish.	Referred to Ministry of Food. Subsequent samples satisfactory.

L. *MERCHANDISE MARKS ACT 1926.*

No instances were detected where articles of imported foods were deliberately offered for sale as home grown. Failure on the part of some vendors to mark such food as imported by a show ticket was fairly common, but when their attention was called to the requirements of the Act, the omissions were immediately rectified.

M. *KNACKER'S YARD.*

The licence granted by the Council to use premises as a knacker's yard was renewed for a period of twelve months. The yard has been well maintained, and 677 animals, comprising 654 cows, 8 horses, 12 calves, and 3 sheep were slaughtered therein, 206 visits of inspection being made.

N. *FACTORIES ACT 1937.*

The particulars required by Section 128(3) as requested by



the Ministry of Labour and National Service are shown in the tables below.

#### *Inspections.*

Premises	No. on Register	Number of	
		Inspections	Notices Served
(a) Factories in which Sections 1, 2, 3, 4 and 5 are to be enforced by the local authority ...	51	149	-
(b) Factories not included in (a) to which Section 7 applies ...	586	827	26
(c) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises) ...	-	-	-
Total	637	976	26

#### *Defects Found.*

Particulars	Number of cases in which defects were	
	Found	Remedied
Want of cleanliness ...	1	1
Unreasonable temperature ...	1	1
Sanitary conveniences -		
(a) Insufficient ...	5	5
(b) Unsuitable or defective ...	15	13
(c) Not separate for sexes ...	2	2
Total	24	22

Inspections were carried out and the attention of the occupiers drawn to defects and contraventions, mostly at consultations on the premises. Many were remedied without the service of written notices.

#### *Outworkers'*

Lists received from employers and other authorities.

Nature of Work	Workmen
Wearing apparel	137
Feather sorting	4
Lamp shades	2
Artificial flowers	1
Brushes	1
	<u>145</u>

#### *O. SHOPS ACT 1950.*

During the year, 1803 inspections were made under this Act; these included inspections on Sundays under the Sunday Trading Clauses. As a result of these inspections, 192 verbal and 22 written warnings were given in respect of various infringements.

As from November, Defence Regulation 60 AB ceased to be operative. This regulation, introduced in the early part of World

War II with a view to saving fuel and light, and as a precaution against the risks of air raids, laid down a general closing hour of 7.30 p.m. on the late day, and 6.0 p.m. on other days from the first Sunday in November to the day before the first Sunday in March. The general closing hours of 9.0 p.m. on the late day and 8.0 p.m. on other days now apply throughout the year.

#### P. YOUNG PERSONS EMPLOYMENT ACT 1938

Only one complaint, which upon investigation was shown to be unjustified, was received, alleging a contravention of the Act in respect of a young person employed at an all-night garage.

Thirty-four inspections were made of premises employing young persons, and it is satisfactory to record that no contraventions were found.

#### Q. PUBLIC HEALTH ACT 1936, SECTION 154.

Legal proceedings were instituted against one man for exchanging toys, etc. for articles of clothing, with children under 14 years of age. The Justices imposed a fine of two guineas with one guinea costs.

#### R. PUBLIC MORTUARY.

During the year, 158 bodies were received in the public mortuary, where 71 autopsies were performed.

#### S. DISEASES OF ANIMALS ACTS.

The Chief Sanitary Inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture and Fisheries. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.

One case of anthrax affecting a cow occurred on a farm in the Borough. The carcass was disposed of by incineration on the farm, the cost involved amounting to £17.14.0d.

#### T. FERTILISERS AND FEEDING STUFFS ACT 1926.

The undermentioned samples have been taken and submitted for analysis

Samples taken	Satisfactory	Unsatisfactory	Action taken
Superphosphate	1	"	"
Calcium Cyanide	1	"	"
Bonemeal	1	"	"
Garden Lime	1	"	"
Hoofmeal	1	"	"
National Growmore	1	"	"
Basic Slag	1	"	"
Balancer Meal	-	1	Manufacturer and vendor cautioned.



U. METEOROLOGY.

The following information is supplied by the Meteorological Officer:-

Total sunshine for year ... 1734.2 hours

Sunniest day ... 14 hours on May 16th.

Sunniest month ... May

Days with sunshine ... 305 days

Total rainfall for year ... 23.00 ins.

Wettest day of year ... 1.12 inches on September 30th.

Mean temperature ... 50.4°F.

Maximum temperature ... 88°F on June 30th.

Prevailing wind ... South-west

REGINALD A. DRAKE.

CHIEF SANITARY INSPECTOR.

NATIONAL HEALTH SERVICE ACT, 1946, PART II

GENERAL MEDICAL AND DENTAL SERVICES

PHARMACEUTICAL SERVICES AND SUPPLEMENTARY

OPHTHALMIC SERVICES.

The services provided under Part II of the Act are controlled by the Local Executive Council, a Statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

Once again the kindness of the Chairman allows me to set out the statistics relating to this important work.

STATISTICAL DATA

	Year ended 31/3/51	Year ended 31/3/52	Year ended 31/3/51	Year ended 31/3/52
GENERAL MEDICAL SERVICES				
Number of principal practitioners included in the List	70	71	...	...
Number of assistant practitioners employed by principals	4	7	...	...
Number of persons included in Doctors' Lists	148,999	150,100	...	...
Number of persons registered as temporary residents	5,540	5,121	...	...
Total gross payments made to practitioners for General Medical Service			£127,351	£127,492
Total gross payments made to practitioners for Mileage			352	352
Total gross payments made to practitioners for Drugs			192	200
Total gross payments made to practitioners opting out of the Superannuation Scheme			1,602	1,403
Superannuation, employer's contributions			5,508	5,627
MATERNITY MEDICAL SERVICE				
Number of practitioners included in the separate List	47	45	...	...
Total Gross payments made to practitioners for Maternity Medical Service			8,454	8,656
TRAINEE ASSISTANT PRACTITIONERS				
Number of assistant practitioners	2		...	...
Total amount paid to employing principals			1,107	
DENTAL SERVICE				
Number of Dentists included in the List	38	41	...	...
Number of Assistant Dentists included in the List	6	6	...	...
Total gross payments made to Dentists in the year			184,837	146,975
Total gross payments made to Dentists opting out of the Superannuation Scheme			427	464
Superannuation, employer's contributions			5,358	4,864
Total amount of statutory charges to patients				8,942
SUPPLEMENTARY OPHTHALMIC SERVICES				
Number of Opticians included in the List	24	25	...	...
Number of Ophthalmic Medical Practitioners in the List	5	4	...	...
Number of Dispensing Opticians included in the List	5	5	...	...
Number of sight-tests authorised up to the 31st March, 1952:			101,089	
Number of Glasses supplied up to the 31st March, 1952.				
One pair			53,526	
Two pairs			25,273	
Three pairs			28	
Bifocals			9,282	
One lens only			452	
			88,561	
(a) Total amount paid to the Profession			...	43,785
(b) Total amount of refunds of deposits to patients			...	232
(c) Total amount of statutory charges to patients			97,203	12,496



# STATISTICAL DATA

	Year ended 31/3/51	Year ended 31/3/52	Year ended 31/3/51	Year ended 31/3/52	Year ended 31/3/51	Year ended 31/3/52
<b>PHARMACEUTICAL SERVICE</b>						
Number of Pharmacists included in the List	...	...	...	...	...	...
Number of Pharmacists' establishments included in the List	...	...	...	...	...	...
Number of Drug Stores included in the List:	...	...	...	...	...	...
Number of Appliance Suppliers included in the List:	...	...	...	...	...	...
Distributors	...	...	...	...	...	...
Manufacturers	...	...	...	...	...	...
Total amount paid to the Profession	...	...	...	...	...	...
<b>ADMINISTRATION</b>						
Number of permanent staff employed	...	...	...	...	...	...
Number of temporary staff employed	...	...	...	...	...	...
Number of part-time staff employed	...	...	...	...	...	...
<b>ACCOUNTS</b>						
Total gross salaries and overtime	...	...	...	...	...	...
Insurance contributions, employers share	...	...	...	...	...	...
Rent, rates, lighting and cleaning	...	...	...	...	...	...
Stationery and printing	...	...	...	...	...	...
Postage and telephones	...	...	...	...	...	...
Office adaptations	...	...	...	...	...	...
Office equipment	...	...	...	...	...	...
Advertising expenses	...	...	...	...	...	...
Superannuation, employer's contributions	...	...	...	...	...	...
Superannuation, refund of contributions to late employees	...	...	...	...	...	...
Drug Testing	...	...	...	...	...	...
Subscription to National Association of Executive Councils	...	...	...	...	...	...
Incidentals	...	...	...	...	...	...
Travelling expenses and subsistence	...	...	...	...	...	...
	5,453	6,832	135,005	135,074	135,005	135,074
	158	184	8,454	8,656	8,454	8,656
	301	316	1,107	1,107	1,107	1,107
	469	562	190,622	152,303	190,622	152,303
	716	700	97,203	44,017	97,203	44,017
	156	4	144,241	189,053	144,241	189,053
	36	40	7,776	9,145	7,776	9,145
	2	-	584,408	538,248	584,408	538,248
	344	422	135,005	135,074	135,005	135,074
	20	-	8,454	8,656	8,454	8,656
	67	49	1,107	1,107	1,107	1,107
	10	10	190,622	152,303	190,622	152,303
	44	13	97,203	44,017	97,203	44,017
	13	13	144,241	189,053	144,241	189,053
	13	13	7,776	9,145	7,776	9,145
	13	13	584,408	538,248	584,408	538,248
	13	13	135,005	135,074	135,005	135,074
	13	13	8,454	8,656	8,454	8,656
	13	13	1,107	1,107	1,107	1,107
	13	13	190,622	152,303	190,622	152,303
	13	13	97,203	44,017	97,203	44,017
	13	13	144,241	189,053	144,241	189,053
	13	13	7,776	9,145	7,776	9,145
	13	13	584,408	538,248	584,408	538,248
	13	13	135,005	135,074	135,005	135,074
	13	13	8,454	8,656	8,454	8,656
	13	13	1,107	1,107	1,107	1,107
	13	13	190,622	152,303	190,622	152,303
	13	13	97,203	44,017	97,203	44,017
	13	13	144,241	189,053	144,241	189,053
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	13	13	135,005	135,074	135,005	135,074
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	13	13	584,408	538,248	584,408	538,248
	13	13	135,005	135,074	135,005	135,074
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	13	13	135,005	135,074	135,005	135,074
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	13	13	1,107	1,107	1,107	1,107
	13	13	190,622	152,303	190,622	152,303
	13	13	97,203	44,017	97,203	44,017
	13	13	144,241	189,053	144,241	189,053
	13</					

## NURSERIES & CHILD MINDERS (REGULATION) ACT, 1948.

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp.81 and 82; most of this material was, at the request of the Editor, incorporated in an article published in the "Medical Officer", Vol.LXXXVII, No.17 of 26th April, 1952.

As has been mentioned previously the legal requirements are rather cumbersome and apt to confuse inexperienced members of the public, while the necessity of providing for appeals to a court involve delay in registration. It would be an advantage if there could be automatic cancellation of the registration of child minders who have no child in their care during a period of say 3 months.

No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

### *Registration of Premises. (Sect.1. (1) (a)).*

Registrations in force January 1st, 1952	...	2
Registrations in force December 31st, 1952	...	2
Applications not proceeded with	...	2
Total number of children "permitted"	...	62
No.who ceased attendance at registered premises		36
No.who commenced attendance at registered premises		86
Children under supervision during year	...	122

### *Registration of Persons. (Sect.1 (1)(b)).*

Registrations in force January 1st, 1952	...	30
Registrations made during year	...	21
Registrations cancelled by consent	...	19
Registrations in force December 31st, 1952	...	32
Applications withdrawn	...	8
Applications refused	...	2
No. of children "permitted"	...	331
No. of children "placed" with minders	...	228
No. of children "withdrawn" from minders	...	207
Total children under supervision during year	...	435
Total visits of inspection	...	284

During the year special attention was paid to the provision of fire-guards and separate pegs for individual towels and face-flannels. Child-minders were also encouraged to provide suitable toys, and some improvement has been noted during the year in this respect.

### CHILDREN IN NEED.

The circular of July 31st 1950 with regard to "children neglected or ill-treated in their own homes" was fully discussed



in the Annual Report for 1951 (page 101 et seq.) so there is but little which now requires reiteration. The conference was as well supported as ever, testimony to its all round usefulness.

In all, 123 families were reviewed in the course of considering 296 agenda items.

#### NATIONAL ASSISTANCE ACT, 1948.

The Local Authority's duties under this Act are, with the single exception of the disposal of the dead, discharged by the Health Committee. The general administration of these matters is undertaken by Mr. E. A. Beasant, Principal Lay Officer and Chief Clerk, to whom I am indebted for the following report.

#### "RESIDENTIAL ACCOMMODATION.

Accommodation for persons who on "account of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them," continued to be provided mainly at Connaught House, the former social welfare institution, supplemented by the fullest use of Homes, both general and special, provided by voluntary organisations. Some Southend-on-Sea residents continued to occupy accommodation in Part III Homes of other Authorities to which they were evacuated during the war.

Applications for admission to Part III accommodation continued steadily to increase as they must be expected to do for many years to come, since the proportion of aged in the population must become higher, while the inclination and ability of their relatives to undertake their care will lessen. Authorities cannot be expected to expand accommodation as fast as the demand for beds grows, and admissions must therefore be restricted more and more to those for whom it is impossible to make alternative arrangements at home. Many who would otherwise have to be admitted either to chronic beds in a hospital or to Part III accommodation are, with assistance from the home nursing scheme or domestic help scheme, or a combination of both, kept in their homes for a much longer period than could otherwise be the case. The Council set up the present administrative arrangements because it recognised that the integration of domiciliary and residential services would be necessary. Events since 1948 have demonstrated how important this will be in the future.

#### CONNAUGHT HOUSE.

The transfer of the nursery children on March 17th to the new premises at Tower House, Leigh-on-Sea, released Pier ward which was urgently needed, for notification had been received

from Huntingdon County Council that the closing of some of their premises would necessitate the return, not later than 31st March, 1952, of 13 residents sent to these Homes from Connaught House in 1940. The proposals to adapt Pier ward for 20 residents had already received the approval of the Ministry, and with the co-operation of the children's officer, work was begun before the children were removed and residents were moved in whilst the work was proceeding. Undertaken by the Corporation's Works Department at a total cost of £867.10s. the adaptations produced a pleasant unit for residents able to appreciate increased amenity.

The old centre block built in 1837 was, mainly owing to the dangerous condition of the roof, scheduled for demolition. Although not used for residents since 1940, it housed the internal telephone exchange and batteries and the automatic fire alarm gear, together with mess and rest rooms for non-resident staff. The telephone installation was removed to the former weighbridge office, and by re-arranging the administrative buildings, room was found for a rest room for non-resident staff of each sex without any new building work.

When the new building was constructed in 1930, four kitchens, part of the old centre block were incorporated with it. They were inadequate and obsolescent and each was on a different floor level from the floor block which it served, so the Committee decided to replace them with new modern kitchens, and alter the landings and stairways to obtain one level throughout, and facilitate the movement of food conveyors. After considerable discussion the proposals received the approval of the Ministry of Health, the tender of a private contractor for the sum of £4,344 14s. was accepted and work was well in hand at the end of the year. The new buildings comprising Constance Leyland, Ada, East male and female, W.H. Calvert and Richard Taylor wards had been obscured by this old block, and its demolition and the redevelopment of its site will allow the new buildings to be seen in their entirety and greatly improve the amenities.

In addition to these major works, the making of general improvements went on throughout the year. The two staff houses were reconditioned, the Aged and Infirm ward, the lighting of which was previously inefficient and dismal, was rewired, and a Rototiller was purchased which enabled the gardeners to cultivate areas which had been untidy and overgrown with weeds.

### *Classification of Residents*

The proportion of residents who by reason of senility, gross physical disabilities, mental instability and anti-social habits, require much more supervision and attention than most people who talk glibly about Old Persons' hostels ever realise, keeps on



increasing. This bears very heavily on the shrinking number of people who are capable of a higher standard of life and conduct; these need protecting by improved classification, but this in turn makes heavier demands on the staff of some wards. The employment of four additional attendants to augment the staff of certain wards was authorised. The limited number of wards, housing comparatively large numbers, renders ideal classification impossible, but the opening of the Square and Pier Block, two separate units on the outskirts of the grounds apart from the main buildings, and the engagement of the additional staff authorised, allowed of much better classification than had hitherto been possible.

Some old people deteriorate markedly in habits and speech if they are neglected. With good care in Part III accommodation they can be rehabilitated, at least in part. For them Pier ward and The Square and ultimately Crowstone House are objectives which make the effort of self improvement worth while.

*Essex County Council Residents.*

Overcrowding remained a continuing problem throughout the year and the opening of Pier ward with its 20 places only reduced the number of additional beds by five.

The Essex County Council secured the removal during the year of 14 men and 24 women from Connaught House, and its officers were as helpful as they could be, having regard to their own problems. It will be noticed however, from the table that 3 men and 5 women from the County had to be admitted during the year. These 8 places were only made available in order to obtain the admission to Rochford General Hospital of residents from Connaught House who could not otherwise have secured a bed in the hospital.

These events lend colour to the suggestion that the failure of the Essex County Council to replace, in new institutions the accommodation lost by it on the termination of the user agreement, has resulted in the blocking of beds for the old in Rochford Hospital, and so indirectly adds to the difficulties with which the old, their medical attendants and your officers now have to contend.

Resident on 1. 1. 52		Admitted during year		Discharged during year		Died during year		Remaining on 31. 12. 52	
M	F	M	F	M	F	M	F	M	F
14	44	3	5	14	24	-	1	3	24

### Age of Residents.

It is of interest to record the age groups into which the residents of Connaught House fell at the 31st December, 1952.

Under 60	...	36
60-69	...	35
70-79	...	99
80-89	...	118
90 and over	...	<u>27</u>
		<u>315</u>

It will be seen from the above that of a total of 315 residents 245, or 78%, were over the age of 80.

### Diversions.

The social needs of the residents were not neglected during the year. The occupational therapy unit run jointly with the hospital continued to be a great success and more of our residents were encouraged to participate.

Plays, concerts, outings, film shows etc. were given by a number of voluntary bodies during the year and were much appreciated by the residents.

The annual outing to High Beach, Epping Forest, organised by the Comforts Fund was held on the 18th September when, following a very enjoyable coach trip and tea, the Chief Constable kindly allowed the coaches to proceed along the front on the return journey, thus permitting the residents to see the illuminations.

Special mention should be made of the many and varied activities of the local branches of Toc H who are indefatigable in their efforts to brighten the lives of our old people. During the year the various local branches gave regular film shows, evening coach tours, etc. and in addition some of their members made regular evening visits to the wards to play indoor games with the residents.

In addition to undertaking all the work involved in these events, the branches of Toc H also bore the cost of them and it must be apparent to them that their sustained and varied efforts are very much appreciated both by the residents and the Committee. Members of Toc H can be assured that this is a good "job" well and truly undertaken.

### ACCOMMODATION PROVIDED DURING THE YEAR.

The following table shows the number of Southend residents provided with accommodation pursuant to Part III of the National Assistance Act during the year, from which it will be seen that the numbers increased from 328 (males 95, females 233) on the 1st January, to 357 (males 101, females 256) on the 31st December.



Persons maintained by Local Authority in Part III  
Accommodation during 1952.

Accommodation provided in	Resident on 1. 1.52		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.52	
	M	F	M	F	M	F	M	F	M	F
HOMES OF LOCAL AUTHORITY:										
Connaught House, Rochford ...	79	164	52	163	41	120	3	6	87	201
HOMES OF OTHER LOCAL AUTHORITIES:										
Essex County Council	2	3	1	-	-	-	-	-	3	3
London County Council	2	4	-	-	-	3	1	-	1	1
Norfolk „ „	-	6	-	-	-	-	-	-	-	6
Huntingdon „ „	1	10	-	-	1	10	-	-	-	-
Surrey „ „	-	1	-	-	-	-	-	-	-	1
East Ham County Borough Council...	1	-	-	-	-	-	-	-	1	-
Kesteven County Council ...	3	-	-	-	-	-	-	-	3	-
Isle of Ely County Council ...	-	-	-	1	-	-	-	-	-	1
HOMES FOR EPILEPTICS: ...	-	4	-	-	-	-	-	-	-	4
HOMES AND HOSTELS FOR THE BLIND: ...	2	4	-	1	1	3	-	1	1	1
MENTAL AFTER CARE HOMES: ...	-	1	-	1	-	1	-	-	-	1
VOLUNTARY HOMES UNDER SECTION 26:										
Sandringham ....	5	12	1	4	-	2	1	-	5	14
Dowsetholme ...	-	5	-	-	-	-	-	-	-	5
St. Martins ...	-	10	-	5	-	5	-	-	-	10
Rest Haven ...	-	2	-	-	-	-	-	-	-	2
Methodist Home for the Aged ...	-	1	-	-	-	-	-	-	-	1
Old People's Home Reigate ...	-	1	-	-	-	-	-	-	-	1
People's Housing Trust Ltd. ...	-	1	-	-	-	-	-	-	-	1
The Lindens, St. Leonards-on-Sea...	-	1	-	-	-	-	-	-	-	1
St. Mildred's Court Westgate-on-Sea...	-	1	-	-	-	1	-	-	-	-
Docklands, Ingatestone ...	-	1	-	-	-	-	-	-	-	1
Wittington, Medmenham ...	-	1	-	-	-	-	-	-	-	1
Inglewood, Alloa ...	-	-	-	1	-	-	-	-	-	1

CROWSTONE HOUSE.

After successive alteration of the "starting dates" by the Ministry of Health the work of adaptation of these premises as a home for 55 residents was begun by the Corporation Works Department on the 1st February 1952 and by the end of the year was nearing completion. Less steel was allowed for the work than was called for by the original specification which had to be modified.

The architect found it possible to make certain savings which allowed him to tile the floor and walls of the kitchen and preparation room without exceeding the original tender price. This provision had many and obvious advantages, particularly as the Committee planned to furnish and equip the home in a manner which would keep labour and maintenance costs to a minimum.

The advice of the Pier Catering Manager (Mr. Castell) was sought regarding the lay-out of the kitchen, the method of cooking and purchase of cooking equipment and utensils, and it gives me pleasure to acknowledge the great help and co-operation which we received from him.

Crowstone House is planned for men and women, but the need for beds for the latter was so serious that the Committee had to be advised to admit only women when it was first opened, and to determine future policy in the light of subsequent developments.

During the year the Residential Accommodation Sub-Committee proceeded with the purchase of furniture and equipment in readiness for the opening of the home early in 1953, and a description of the home, staffing, and the amenities provided there will be incorporated in my report for that year.

#### TEMPORARY ACCOMMODATION.

The National Assistance Act places upon the Local Authority the duty of providing "temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen, or in such other circumstances as the Authority may in any particular case determine."

These powers cover a very wide range of need. There is no doubt about the authority's obligations to the victims of fire, flood and other disasters, but can those who find themselves without shelter because of rashness, stupidity and culpable carelessness, argue that the circumstances which occasion their unfortunate plight "could not reasonably have been foreseen"? As for those who are evicted because of inability or refusal to pay rent, they can only be accommodated if the Authority decides to do so after considering their particular case.

The Good Samaritan and all statutory public agencies press assistance on to the victims of disaster, but it is those who oftentimes are least deserving who pose the greatest problems to your officers.

During the year the Council decided not to utilise its permissive powers under this section, a decision which was welcomed by the officers in so far as it relieved them of some of their administrative responsibilities, although it could do nothing to resolve the moral dilemma confronting them.



A study has been made of the results of providing so called "half-way house accommodation," places, where at least, the mother and children of evicted or homeless families can be kept together as a family unit until they could be afforded or make, the means of renewing family life outside. The "half-way houses" seemed to attract unfortunates who then remained there for a long time waiting for the appropriate housing authority to offer them accommodation, when they could satisfy whatever criteria were applicable. Under these arrangements husbands were found living apart from their families for months at a time, and women were actually being encouraged to obtain paid employment while their children were looked after by neighbours and employees of the authority providing the "half-way houses."

It is difficult to satisfy oneself that such arrangements make any long term contribution to the solution of these complex difficulties, or do not in the long run, have undesirable social consequences. If a man refuses to pay rent, society must acquiesce in his eviction or the whole system of paying rent must break down. Immediately to take him and his family into other accommodation is to make scant sense of the sanctions with which society protects itself, and to compel him to live elsewhere while his wife and children are admitted to an institution is to weaken and to disintegrate family bonds which at best are often but tenuous.

Short term succour, that is the provision of shelter for women and children on a day to day basis is of course, a different matter altogether, but while we live in a society which demands and expects the payment of rent it is surely futile to set up means whereby the unscrupulous can evade their obligations, and secure advantages denied to more responsible citizens.

Looking back on 4½ years experience of this problem, one becomes increasingly convinced that the "half-way house" affords no acceptable solution and less inclined to advise the Committee to extend what must be admitted are only minimal facilities for temporary accommodation. There are however, risks which have to be accepted. With the good will and co-operation of other officers and agencies, and by the exercise of much patience and ingenuity we have been able so far to resolve most of the difficulties with which we have been confronted, but from time to time the press gives prominence to utterances by magistrates and others, who seeing only the difficulties with which a woman and children are faced, take no cognisance of the other issues involved or pause to consider the consequences of policies which they tacitly advocate.

Of 28 homeless families referred to the department, the majority were found to have played some part in the creation of their own difficulties and for them accommodation was provided in Connaught House, as under.

	Length of Stay
Man, wife and 2 children ...	1 night
Woman and 1 child ...	1 night
Woman and 3 children ...	1 night
Woman and 2 children ...	1 night
Woman aged 85 ...	10 days
Woman ...	1 night
Woman and 3 children ...	1 night
Woman aged 42 ...	1 night

## NATIONAL ASSISTANCE ACT, 1948, SECTIONS 29 and 30

### BLIND WELFARE

#### Voluntary

The Southend-on-Sea Blind Welfare Organisation has been described in previous reports and it suffices to say that during the year it continued steadily to progress and to enlarge the scope of its services to the blind.

The continually increasing attendances at the social club demonstrate its success in providing recreation and entertainment of the kind which can best be appreciated by blind people.

A "Blind Open Day" organised jointly by the voluntary and official bodies was held in the club premises on September 4th, at which were demonstrated the skills and part-time occupations of blind people, their recreations, as well as apparatus etc. devised to assist them to live full and useful lives. This Open Day which was graced by the presence of the Mayor and Mayoress, proved of great interest to the large number of members of the public who attended, and did a good deal to further the interests of the organisation and our local blind.

#### Wireless

The British Wireless for the Blind Fund supplied 13 new wireless sets during the year as well as 2 H.T. batteries and 2 accumulators which enabled unserviceable sets to be repaired and re-issued. The cost of repairing and maintaining many wireless sets installed in the homes of blind persons was borne by the voluntary organisation and this is, of course, money well spent.

Register of the Blind	Males	Females	Total
Number on Register 1/1/52	128	171	299
Left Borough during year	6	12	18
Died during year	9	17	26
Transfers in from other areas	5	17	22
Newly registered during the year	19	56	75
De-certified during the year	1	-	1
On Register 31/12/52	136	215	351
In Homes for the Blind	2	3	5
In other Homes including Part III	4	18	22
In M.D. Institutions	1	1	2



*Register of Partially Sighted on 31.12.52*

Males	5	Females	9	Total	14
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*Work of the Home Teacher*

A total of 829 visits was made to blind persons in their homes, during which 76 lessons in embossed type and 33 handicraft lessons were given.

The handicraft class continued to meet weekly, instruction being given in chaircaning, weaving, netting, string-bag making and other crafts. At an exhibition of handicraft work by blind persons held at Chelmsford during the year, 9 members of this class received prizes, an achievement which reflects credit both upon the work of the Home Teacher and the class.

*Home Workers*

At the end of the year there were two home workers in receipt of augmentation of wages, one engaged in basket making and the other in circular machine knitting.

*Periodicals*

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which the Local Authority makes an annual grant.

*Use of Deck Chairs on Promenade and Cliffs*

Passes were issued to 240 blind people by the Council's Entertainment Committee to enable them to avail themselves of facilities to use deck chairs on the promenade and cliffs. The renewal of this privilege was much appreciated by those of our blind people who were able to avail themselves of these facilities.

*Transport Facilities*

The Corporation's Transport Committee again permitted blind persons to use the buses free of charge; 288 transport passes were issued and assistance was also given to a number of blind persons living in areas not served by the Corporation buses to obtain a similar concession from the Westcliff Motor Services Limited. These facilities are most helpful to the blind, who appreciate them very much.

# NATIONAL ASSISTANCE ACT, 1948, SECTION 37

Registration of Disabled Persons' or  
Old Persons' Homes.

Registered  
at 31.12.52

Homes for Old Persons:	No.	No. of beds
Voluntary ... ..	-	-
Private ... ..	*11	*80

Homes for Old and Disabled Persons:

Voluntary ... ..	1	30
Private ... ..	† 8	†69

\* 1 home also registered under Southend-on-Sea Corporation Act.

† 2 homes also     ,,                 ,,                 ,,                 ,,                 ,,                 ,,

Homes registered under Section 144

Southend-on-Sea Corporation Act,

1947 ... ..	5	40
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## SECTION 47 - REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTION

This Section empowers the removal of persons "suffering from grave chronic disease" or "being aged, infirm, or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was not necessary to take any formal action under this Section during the year.

## SECTION 48 - TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITALS

It is mostly persons admitted to Mental Hospitals whose property requires the protection provided by this Section, and so it is convenient and logical to call on the duly authorised officers to do this work. Two hundred and forty-six visits were made during the year. The work is time consuming and can be very unpleasant at times.

## SECTION 49 -RECEIVERSHIPS

The Department did not seek to attract the obligation of Receivership which often follows action under Section 48, and in spite of the assistance which we have received from the Town Clerk's staff, the work has proved tedious and exacting. In cases where there is no friend or relative to act, and where the estates are so small as to be unable reasonably to support the charges payable to solicitors or Banks, the responsibility of Receivership must be undertaken by the Corporation, but this is not to say that the public health department is the appropriate section to do this work.



## SECTION 50

During the year 8 cases were ascertained by the Department to come within the provisions of the Section, and funeral arrangements were made by the Cemeteries Registrar's Department at the expense of the Health Committee.

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

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# ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1952







COUNTY BOROUGH OF SOUTHEND-ON-SEA

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# ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1952





# ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1952.

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## WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

### *Chairman:*

Alderman Mrs. C. Leyland, M. B. E.

### *Vice-Chairman:*

Reverend P. C. Lee.

### *Ex-Officio:*

*Chairman of Education Committee:*

Councillor P. B. Renshaw, I. S. O.

*Vice-Chairman of Education Committee:*

Councillor A. V. Mussett.

*Chairman of Maternity & Child Welfare Committee:*

Alderman Mrs. M. Broom.

Councillor F. W. Bacon.

Councillor F. C. Janes, D. F. C.

Councillor Mrs. W. M. H. Dalwood.

Councillor D. W. Lee.

Mr. E. S. Bowyer.

Miss E. O. Dowsett.

Mrs. S. S. Sylvester.

Miss M. E. Reay, C. B. E., J. P.

Mrs. M. K. Bates.

Mr. H. Cloke, M. A.

## STAFF OF THE SCHOOL HEALTH SERVICE

### A. WHOLE-TIME OFFICERS

*School Medical Officer:*

J. Stevenson Logan, M. B., Ch. B., D. P. H.

*Deputy School Medical Officer:*

J. Conway Preston, M. R. C. S., L. R. C. P., D. P. H.

*Assistant School Medical Officers:*

John Greenhalgh, M. B., B. S., M. R. C. S., L. R. C. P., D. A.

Dorothy Kirby Paterson, M. B., B. S., M. R. C. S., L. R. C. P.,  
D. P. H.

*Senior School Dental Surgeon:*

Edgar C. Austen, L.D.S., R.C.S. (Eng.)

*Assistant School Dental Surgeon:*

Eric Horace Digby, L.D.S., R.C.S. (Eng.) resigned 31.10.52.

*Superintendent Health Visitor:*

Miss Edith Roberts.

*Health Visitors and School Nurses:*

Miss K. M. Burnett.

Miss M. Butcher.

Mrs. U. McGrath.

Miss M. N. Withams.

Miss D. E. Stevens.

Miss G. M. Willcocks.

Mrs. A. M. Hart.

Miss F. L. Blackbourn.

Miss M. K. Lock.

Miss B. M. James.

Mrs. J. M. Fairfax.

Miss D. M. Purser.

Miss L. M. Marshall.

Mrs. M. Ince, appointed 14.7.52.

*School Clinic Nurse:*

Miss D. L. Willis.

*Psychiatric Social Worker:*

Miss D. L. Freeman-Browne.

*School Clinic Attendant:*

Mrs. S. Winterflood.

*Dental Attendant:*

Miss I. J. Sinclair.

Miss K. P. O'Callaghan, appointed 21.7.52, transferred to  
other duties 1.11.52.

*Clerks:*

Miss B. P. Law.

Mrs. D. Desmond.

Miss L. C. Howell.

Miss M. Cheetham.

Miss M. Arkcoll, appointed 30.9.52.

**B. PART-TIME OFFICERS**

*Psychiatrist:*

H. Bevan Jones, M.R.C.S., L.R.C.P., D.P.M.

*Speech Therapist:*

Miss J. M. G. Howard, F.C.S.T., resigned 13.10.52.

Miss P. Road, L.C.S.T., appointed 17.11.52



This report on the work of the School Health Service for 1952 is once more largely by the hand of my Deputy, Dr. J. C. Preston, to whom it owes so much. His moving remarks on the handicapped child are eloquent of his understanding and concern for them.

It is pleasant to be able to say that arrangements for the early diagnosis of deafness continue to develop satisfactorily and one observes with interest the growing tendency to provide hearing aids for partially deaf children.

The work of your peripatetic teacher, Mrs. W. M. Prowse, both in the homes of individual children and in the wards of the Southend General Hospital is increasingly appreciated and has become an integral part of your service. The Open Air School at Prittlewell Chase had a most successful year and sufficient time has elapsed since its reopening to show that the methods of organisation and selection of pupils are well constituted to our needs. We look forward to the extension of the accommodation there, for it will permit the school to accept a much wider age range.

The acceptance of the health visitor and school nurse as a health educator in your secondary modern schools is steadily growing and one hopes her teaching will have a permanent place in the curriculum. This participation enhances the status of the health visitor and school nurse with the staff and scholars alike and helps to bring theory and practice into closer contact.

The year will be chiefly memorable because of the outbreak of poliomyelitis which is referred to in the body of the report.

#### STAFF.

Mr. E. H. Digby, L.D.S., resigned his appointment as assistant school dental surgeon at the end of October and the staff of the school dental service was again reduced to one, for it proved impossible either to replace him or to recruit the third dental surgeon whose appointment had been authorised in 1951.

The Speech Therapist, Miss J. M. G. Howard resigned in October, being succeeded by Miss P. Road, L.C.S.T. who was appointed temporarily in November and joined the permanent staff on the 1st January, 1953.

The staff of Health Visitors and School Nurses was increased to fourteen by the appointment in July of Mrs. Ince.

The senior clerk in the school medical section, Miss A. M. Roberts, was appointed as Case Assistant in the Public Health Department in December 1951 and was succeeded by Miss B. P. Law who had already been a member of the staff for some years. The

expanding work of the Child Guidance Clinic made necessary a whole time clerk. Miss M. Arkcoll was appointed to this post on the 30th September, 1952.

#### SCHOOL MEDICAL AND DENTAL INSPECTIONS.

Routine medical inspection was carried on as usual throughout the school year, the number of children so inspected, 5,852 being approximately the same as last year. The number of special inspections and re-inspections was rather fewer than in 1951.

To find accommodation in the schools for medical inspections becomes harder now that the primary schools have absorbed the "population bulge" due to the higher birth rate of the war years. Many of the older schools have no rooms specifically provided for medical purposes, and when no empty classroom is available space can only be found by displacing the staff. In some of the newer schools the rooms provided for medical inspection have had to be converted to other purposes and can only be released at some inconvenience. It is therefore a matter for regret that the present "austerity" standards result in schools where the provision for medical purposes is less than adequate. There has been in the past, an unfortunate impression that the school medical officer's legitimate requirements are fully met by setting aside one room which will allow of the testing of vision at 20'. In fact this is better not done in the consulting room anyway, being quite satisfactorily performed in a corridor if the type board is properly illuminated. The most important consideration is privacy, and for this reason two smaller rooms, one for the doctor and one for undressing, weighing etc., are much better than one large room of equal floor space. In addition separate accommodation is required for parents who wait. The second requirement is quietness, and this is often sacrificed to convenience and economy by placing the medical room adjacent to the school hall so that the latter can be used as a waiting room, a practice which would be unobjectionable if it were in fact so used. To deny the use of the hall for ordinary school activities throughout a lengthy medical inspection would be less than reasonable, so the parents wait in a corridor and the inspection proceeds to an accompaniment of the noises inseparable from communal activities in a school.

The findings at routine medical inspections do not reveal any noteworthy changes. Apart from defective vision, 452 children were found to require treatment for various defects, compared with 456 in the previous year. The incidence of individual defects shows only minor variations and the assessment of the general condition of the children maintains the favourable trend of recent years.



Although there were two dental surgeons for the first ten months of the year, the demands for treatment were such that only 15 half days could be devoted to periodic inspections, when 3,515 children were inspected, a total not markedly different from the number of children examined as "specials" (3,188), all of whom of course required and received, treatment.

#### PROVISION OF MILK AND MEALS.

The new school at Blenheim Chase opened in September; container meals were supplied from Fairfax Central Kitchen until the end of November when the school kitchen was opened. The School Meals Service now operates six central kitchens and fourteen school kitchens, and during 1952 supplied a daily average of 10,415 meals. The percentage of children in attendance who take school meals remains fairly constant at about 49% in the primary schools and 60% in the secondary schools.

Of those taking school meals some 10% in the primary schools and 8% in the Secondary schools, receive them without payment. Mainly for their benefit four dining centres have hitherto been kept open during the school holidays, but the numbers taking advantage of this have always been disappointingly small, so, in accordance with the recommendation of the Ministry, the Committee decided to discontinue holiday meals in December.

The general standard of hygiene in the school kitchens is commendably high and until this year there had been no outbreak of food poisoning attributed to this source since 1947.

On the 11th July, the weather being very warm, reports were received of multiple cases of suspected food poisoning occurring at Thorpe and St. Helens Schools, and believed to be attributable to the dinner supplied from Thorpe Central Kitchen on Thursday, 10th July.

On investigation, the following number of persons were found to have been affected:

		Adults	Children	Total
Thorpe Junior Department	...	8	32	40
Thorpe Infants Department	...	9	20	29
St. Helens	... ..	3	28	31
		<u>20</u>	<u>80</u>	<u>100</u>

On the 10th July, 722 meals were supplied from Thorpe Central Kitchen, viz, 456 to Thorpe School and 266 to St. Helen's School. The number of persons affected was a relatively small proportion of those who consumed the meal. This finding is in accordance with the usual experience, and indicates that the contamination, if any, of the food was not uniform, and involved only a proportion of the ingredients.

The symptoms, mainly mild, were, early onset of abdominal pain and vomiting followed by diarrhoea. In the main adults were more seriously affected than the children; the type of onset and time incidence of symptoms were characteristic of staphylococcal-toxic food poisoning.

The meal consisted of roast beef, gravy, Yorkshire pudding, roast and mashed potatoes, cabbage and a fruit trifle made from fresh cherries, sponge cake and custard. Additionally a small quantity of "mock cream", was supplied only to St. Helen's School and some of the adults at Thorpe. Both the roast beef and the trifle were prepared on the day before the meal was consumed and stored in a refrigerator during the night of the 9th-10th July, in which however the temperature was higher than normal.

Ingredients of the meal were not available for bacteriological examination, but the trifle is thought to be the most likely vehicle for the infection which was probably staphylococcal. None of the kitchen staff showed any skin lesions or conditions of the nose or throat likely to have been a source of contamination, and bacteriological specimens from those concerned with the preparation of the trifle revealed nothing of consequence.

It is now generally recognised that the interval between the preparation of food and its consumption should be as short as possible, and it is important that facilities should be available for the rapid cooling and satisfactory storage of food once it is prepared.

## ARRANGEMENTS FOR TREATMENT.

### 1. GENERAL.

There was no alteration in the arrangements which have been described in previous reports. A highly satisfactory degree of co-operation exists between the Local Authority and the Regional Hospital Board who provide the medical consultants for the Eye Clinic and the Child Guidance Clinic, the premises and ancillary staff being provided by the Authority. The Southend Group Hospital Management Committee are responsible for the Orthoptic Clinic and continue to provide a service of medical anaesthetists without which the work of the school dental service would, in present circumstances, be seriously handicapped.

The supply of information to the school medical officer about children treated at hospital is still incomplete, although it is fair to say that the hospital authorities, both medical and administrative, have been understanding and helpful. The attempt to reconcile a proper concern for professional secrecy with a wider view of the patients' interests demands a knowledge of the scope of social medicine which is not often found outside the



Public Health Service. Even though it be conceded that the medical officer of health has a legitimate interest in communicable diseases, housing, and domiciliary nursing, discussion on this subject in the medical press reveals a persistence of the impression that the only concern of the school health service is the compilation of statistics of interest only to administrators and its only usefulness the acceptance of financial responsibility for convalescent treatment when called upon to do so. In fact an accurate knowledge of the conditions for which children receive hospital treatment is of the utmost value to the school medical officer, not only in the performance of his statutory duty of ascertaining which children require special educational treatment, but in the study of the child in relation to his environment and the evaluation of his progress against the background of his opportunities and impediments.

## 2. MALNUTRITION.

Serious malnutrition due to lack of food is very rare. Most of the children whose general condition is recorded as poor are either delicate children whose nutrition is adversely affected by chronic ill-health, or children from families whose general economic and social level is low, in whom such factors as lack of sleep, unsuitable feeding habits, and an indifferent standard of home management all play a part.

The arrangements for the supply of free meals and milk remained unaltered, apart from the decision, noted earlier in this report, to discontinue the provision of meals during the school holidays. It is unlikely that this will create any material hardships since the number of children in receipt of free meals who availed themselves of the holiday facilities was very small.

Cod Liver Oil and Malt and Parrish's Food are supplied free of cost on medical recommendation.

## 3. MINOR AILMENTS.

There were no new developments during the year. The Inspection Clinic and Minor Ailment Treatment Centre at the Municipal Health Centre is open daily throughout the year. Additional clinics are held once weekly at Leigh, Shoburyness, and Eastwood, the latter, which is held at Eastwood High School, being open only during term time.

Attendances at the inspection clinics numbered 5,707 compared with 5,713 in the previous year. Attendances for treatment were 3,575 compared with 3,552.

The range and cost of pharmaceutical preparations employed in the school clinics tends to rise *pari passu* with the developments of modern therapeutics. Concern has been expressed at the

expenditure incurred by education authorities in providing treatment which could be otherwise available under the National Health Service. So long as the School Health Service provides treatment it must employ up to date methods and utilise the resources of modern science to ensure that the children whose parents elect to seek advice through this medium do not receive a service which is second best. It is equally important to afford opportunities to the medical staff for the proper exercise of their professional skill and experience, if frustration and apathy are to be avoided. Moreover, the cost of providing treatment should not be regarded in isolation. A method of treatment which is expensive to provide is in fact economical if it shortens the period of invalidism, reduces loss of school time, and prevents the possibility of a disability such as otitis media becoming chronic.

#### 4. UNCLEANLINESS AND VERMINOUS CONDITIONS.

Advice and treatment were available as usual at the Municipal Health Centre. The number of examinations carried out by the school nurses was 44,273, compared with 39,219 in 1951. The incidence of infestation remains low, 234 pupils being found in this condition, compared with 166 last year and 244 the year before. The fact that it has never been necessary to resort to compulsory cleansing is a tribute to the assiduity and persuasive powers of the school nurses and the welfare officers of the Education department.

#### 5. CONVALESCENT TREATMENT.

This is ordinarily provided for school children by the Education Authority and not by the Local Health Authority. During the year 13 children were sent to convalescent homes.

Requests for the provision of convalescent treatment are received from the school medical officers and the paediatric department of the hospital as well as from general practitioners.

This is a form of social service which could very easily be open to abuse, and the local authority is very dependent on the careful discrimination which is exercised by medical practitioners in selecting cases for recommendation. There can be no dispute about the propriety of a recuperative holiday for children recovering from acute illnesses. The decision is rather more difficult in the case of children who have chronic sub-normal health, particularly when they are living in a town which has some claim to be regarded as a health resort. In some of these cases there is a valid argument for a short period away from unsuitable home surroundings; others are more appropriately dealt with by admission to the Open Air School.



## 6. DENTAL TREATMENT.

Report of Mr. E. C. Austen, Senior Dental Officer.

Until October 31st, when the assistant dental officer resigned, the dental staff consisted of two dental officers. This enabled more time to be devoted to routine conservation work, for the number of "casuals" attending for treatment remained approximately the same as in 1951; 3,090 fillings were completed in 1952 as against 739 in 1951.

The administration of general anaesthetics continues at a high level, being in total 3,988 and I must again record my thanks to the Consultant Anaesthetists, Doctors J. Alfred Lee and T. C. Thorne and to the anaesthetists appointed by the Hospital Management Committee. Their help enabled many more "casuals" to be treated than would have otherwise been the case.

As there is now only one Dental Officer for 20,851 children, there must obviously be a decrease in the amount of routine conservative treatment offered.

In March the School Medical Officer was asked by the President of the Southend-on-Sea section of the British Dental Association to meet a special sub-committee to discuss arrangements for the treatment of school children by private practitioners. Their proposals for what was described as "An Auxiliary School Dental Service" can be adequately summarised as follows:

- (1) The whole school population to be inspected forthwith by the dental staff of the authority, with or without the assistance of private practitioners to be engaged on a sessional basis.
- (2) A roster of practitioners willing to serve to be set up, and be divided into groups according to the location of schools.
- (3) Appointments to be sent directly by the private practitioner by post to the parent, the distribution of the necessary forms being through the School Dental Service. The treatment to be carried out under National Health Service arrangements.

Following an interview the Southend Local Dental Committee modified their proposals and these were then considered by a special sub-committee of the Education Committee.

The following extracts from a communication addressed to the President of the Southend-on-Sea section of the British Dental Association by the School Medical Officer set out the views of the Sub-Committee which were accepted by the Education Committee.

" In the first place, I am to say the Education Committee are glad to know that your colleagues are mindful of the present difficulties of providing dental treatment for school children and wishful to make an effective contribution towards it.

Briefly, the Committee are of opinion that no special administrative arrangements are necessary to secure this end; they conceive their duty to lie in ascertaining and making known, the need of an individual child for dental treatment, bringing to the attention of parents the ways this can be obtained, either through the private dentist under the National Health Service Scheme or through the

school dental service, and thereafter leaving the matter to the free choice of the parent.

The Committee will therefore in the beginning, in the place of their normal programme of inspections, arrange small-scale dental inspections in various parts of the Borough, and alter the form of notice to parents. Thereafter, inspections will be arranged so that the waiting lists of the school dental officers are not unduly loaded.

You will appreciate that the greater the number of parents opting for private dental treatment, the smaller the numbers which will be added to our waiting list. This in turn will accelerate the rate of inspection and so there is every reason to expect substantial progress if parents elect to make use of the alternative arrangements.....

....The Committee are seeking to appoint a third school dental officer, and they will be considering a circular on the "Dental Care of Expectant and Nursing Mothers and Children of School Age and Under", issued jointly by the Ministry of Health and Education. This contains the following advice:

'Authorities should not therefore, confine their efforts to obtaining dentists for whole-time service, but should through the Executive Council, seek the co-operation of the Local Dental Committee and of the dentists of their areas in obtaining the help of dentists on sessional basis. Where appropriate, authorities will no doubt make a direct approach to dentists.'

The Committee would be glad to consider offers of assistance on this basis."

It is pertinent to observe that proposals on similar lines submitted by the British Dental Association were rejected by the Ministries of Health and Education and the revised procedure authorised by the Education Committee goes a little further than the Central Departments indicated in the published correspondence on this issue in meeting the wishes of the dental profession.

Ministry of Education Circular 254 (Ministry of Health Circular 22/52) refers to an improved recruitment of school dental officers in some areas, a phenomenon unfortunately outside the experience of this authority, and outlined procedures whereby private dentists might be engaged to undertake work on a sessional basis at education authority clinics. Invitations to this end have been sent to the local dental profession but these have elicited neither enquiries nor acceptances.

The present arrangements offer the parent complete freedom of choice as between the private dentist and the school dental service, and as no charge is made for the treatment of school children under the National Health Service arrangements, there is no financial bias in favour of treatment under the authority's scheme. It follows, therefore, that the school dental service now stands or falls by its own intrinsic merits; the sustained demand for treatment at the clinic, together with the growing popularity of its orthodontic work suggests it enjoys the confidence of parents. Nevertheless, a substantial volume of dental work for



school children is being undertaken by private dentists as recent inspections at grammar schools show that about 80% of the pupils there have had some treatment by this means.

#### 7. EYE CLINIC.

A description was included in last year's report of the arrangements whereby the medical staffing of this clinic is undertaken by the Regional Hospital Board and the premises and ancillary staff provided by the local authority. There were no changes in the organisation of the clinic during the year.

It will be seen from the statistics at the end of this report that information about the number of children who obtain the spectacles which have been prescribed for them is still incomplete. It is ultimately obtainable when the child is re-inspected at school or "followed up" by the school nurse, but this is not a satisfactory substitute for re-examination by the ophthalmologist, the primary purpose of which is verification that the glasses are suitable.

Operative treatment of squint is undertaken at Southend General Hospital.

#### 8. ORTHOPTIC CLINIC

This clinic is also provided by the Hospital Management Committee but held on the local authority's premises. The orthoptist attends on six sessions each week and her time is fully occupied. The clinic is open to patients of all ages and is not confined to the County Borough. During the year 167 children attending the Authority's schools were referred for the first time and attendances for treatment totalled 3,240.

Orthoptic treatment is not merely an alternative to operative treatment of squint. The response to orthoptic treatment may well determine whether an operation is necessary or not, and the best results are obtained when the ophthalmic surgeon can command both facilities. A lengthy waiting list for operative treatment makes it difficult for the surgeon to select the optimal time for the performance of an operation during the course of a planned scheme of orthoptic exercises.

#### 9. DISEASES OF THE EAR, NOSE AND THROAT

No special clinic is provided by the education authority. Children are seen by the consultant surgeon at the out-patient department of Southend General Hospital.

Owing to the prevalence of poliomyelitis tonsil and adenoid operations were stopped during the late summer and autumn. In consequence only 209 school children are known to have had this operation, compared with 419 in the previous year.

School medical officers have unrivalled opportunities for observing not only the wide variations in the state of the tonsils in normal children, but the after effects of their removal and equally significant, the results of not removing them. While none would deny the benefits of this operation in carefully selected cases with definite indications, experience engenders a critical and conservative approach to an operation which should never be regarded as a "routine" measure.

The ascertainment and investigation of hearing defects in children has engaged increasing attention owing to the technical improvements in hearing aids and the trend of expert opinion in favour of retaining the partially deaf child in an ordinary school or a day special school whenever possible. Children found to have defective hearing are referred to one of the special hospitals in London which provides a full range of medical, audiometric, and psychological investigation. The Committee purchased a pure tone audiometer for use in the school clinic in the preliminary ascertainment of children with suspected hearing defects.

Defective hearing of minor degrees, or of a type which does not affect all the audible sound frequencies equally, may not be apparent to the casual observer, and there is reason to think that there is an appreciable amount of unsuspected deafness among children. While the chances of an experienced examiner classifying as mentally defective a child of school age suffering from deafness without mental impairment, may be small, deafness can easily be overlooked as a factor in poor educational attainment, with the result that a child who might make normal progress with appropriate treatment or a hearing aid, may be regarded as educationally sub-normal, which in fact he is, and the existence of a remediable cause for his retardation remain unsuspected. It is perhaps in this type of case, and in the field of speech defects, that audiometry as a diagnostic aid can be of the greatest use to the school medical officer.

#### 10. ORTHOPAEDIC DEFECTS.

The special quarterly clinic for children referred through the local authority's school health and child welfare services was held as usual at Southend General Hospital. This clinic is attended by the deputy school medical officer and provides a most useful opportunity for review of cases and personal discussion with the consultant orthopaedic surgeon. New patients and children who require to be seen intermediately are referred to the ordinary out-patient sessions at the hospital.

The number of children attending as out-patients was 354 and 23 children received in-patient treatment.



## 11. SPEECH THERAPY CLINIC.

There was fortunately little interruption in the work of the speech therapy clinic when the change of staff occurred in October. The premises at No. 20, Warrior Square, have proved very satisfactory; the proximity to the Child Guidance Clinic compensates to some extent for the separation of the clinic from the main premises of the School Health Service at the Municipal Health Centre.

The therapist is employed for eight sessions each week, the remaining three sessions of her time being devoted to the work of the Hospital Management Committee by arrangement between the two authorities. Frequent visits are paid to the schools for consultation with Head Teachers and preliminary diagnostic interviews with children.

During the year 99 children made 1,564 attendances for treatment.

The conditions for which the children received treatment are shown in the following Table, which also indicates the greater frequency of speech defects among boys compared with girls. The discrepancy between the number of children treated and the number of defects is accounted for by three children in whom more than one defect existed.

<i>Diagnosis</i>		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Post-Encephalitic Parkinsonism		1	"	1
Dyslalia (Simple, Multiple, Alalia				
etc.)		45	11	56
Stammer	...	30	6	36
Dysarthria	...	1	"	1
Deaf Speech	...	"	2	2
Cleft Palate	...	2	1	3
Cerebral Palsy	...	"	1	1
Idioglossia	...	1	"	1
Dysphonia	...	1	"	1
		81	21	102

## 12. CHILD GUIDANCE CLINIC.

For the first time in four years the Clinic had a complete team of Psychiatrist, Educational Psychologist, and Psychiatric Social Worker for the full year.

There was no change in the arrangements described in previous reports, whereby the Regional Hospital Board is responsible for the services of the part-time psychiatrist on four sessions each week and the Education Authority provides the premises and the other members of the staff.

Only half the time of the educational psychologist is allocated to the Child Guidance Clinic, the remainder being devoted to his work in the schools.

As recorded earlier in this report, it was found necessary to

provide a whole-time clerk specifically for the work of the Child Guidance Clinic and School Psychological Service, fifty per cent of her time being charged to the School Health Service.

Since the clinic is provided jointly by the local authority and the regional hospital board, the service is not restricted to children attending the Committee's schools, nor to children referred through the school medical Officer.

The psychiatrist, Dr. H. Bevan Jones, acts as specialist medical officer for the ascertainment of maladjusted pupils.

The following table shows a summary of the work done at the clinic during the year:

#### CHILD GUIDANCE CLINIC.

##### *Part Time Psychiatrist*

Interviews with children	...	...	...	617
Interviews with parents	...	...	...	562
Interviews with Head Teachers, Probation Officers and other agencies	...	...	...	49

##### *Psychiatric Social Worker*

Interviews with parents	...	...	...	618
Interviews with children	...	...	...	133
Visits to schools	...	...	...	6
Home visits	...	...	...	115
Visits to other agencies (e.g. Probation Officers)	...	...	...	239

##### *Educational Psychologist*

Interviews with children at clinic	...	...	798
Interviews with children at school	...	...	358
Interviews with parents	...	...	198
Interviews with Head Teachers...	...	...	183
Interviews with Probation Officers and other agencies	...	...	48

The following tables show the sources of referral in the 161 cases referred to the clinic during the year, and the age range of the children concerned.

<i>Sources of Referral</i>				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Parents	...	...	...	6	8	14
School Medical Officer	...	...	...	17	8	25
Probation Officers	...	...	...	4	2	6
Private Doctors	...	...	...	27	28	55
Head Teachers	...	...	...	11	2	13
Juvenile Courts	...	...	...	3	0	3
Other Agencies	...	...	...	5	7	12
Speech Therapist	...	...	...	1	0	1
Medical Officers (S. G. H.)	...	...	...	7	7	14
Educational Psychologist	...	...	...	7	10	17
Transfers from other Child Guidance Clinics	...	...	...	1	0	1
Education Office	...	...	...	0	0	0
				89	72	161

##### *Age Range*

Under 5 years	...	...	...	4	10	14
5 - 7 years	...	...	...	24	17	41
8 - 10 years	...	...	...	34	14	48
11 - 13 years	...	...	...	20	21	41
14 - 16 years	...	...	...	6	8	14
16 +	...	...	...	1	2	3
				89	72	161



## FOLLOWING-UP AND WORK OF NURSES.

The value of the combined appointments of Health Visitor and School Nurse has been emphasised in previous reports and is constantly demonstrated in practice by the continuity which it affords to parents and children and the wide range of experience it provides for the public health nurse.

In addition to the Superintendent Health Visitor there are now fourteen health visitors and school nurses. The domiciliary work of the nurses is organised on an area basis and each nurse is also attached to certain schools and clinics. The appointment of Mrs. M. Ince in July increased the establishment by one and it was found more convenient to retain her temporarily for supernumerary and holiday relief, with a view to re-organisation of the topographical areas at a later date.

There was no change in the general pattern of the school nurses' duties during the year. The following table which shows the follow-up visits made by the nurses, reflects only one aspect of their activities, much of which is not susceptible of statistical representation:

	No. of Children	No. of Visits
Enlarged tonsils, adenoids or mouth- breathing ... ..	198	208
Squint or defective vision ...	384	404
Deformities ... ..	8	8
Verminous conditions ... ..	214	242
Infectious diseases ... ..	874	972
Contagious skin diseases ... .. (Impetigo, Scabies, Ringworm)	17	20
Malnutrition, neglect etc... ..	5	5
Defective teeth ... ..	19	20
Tuberculosis ... ..	11	11
Other conditions, e.g. Blepharitis, Bronchitis, Otorrhoea, etc.	1,342	1,540
Total	3,072	3,430

The Health education work of the nurses was further expanded and consolidated this year. Talks and demonstrations on parent-craft were given to the girls in six of the secondary modern high schools. The Head Teachers have been most helpful and appreciative and the nurses' visits have proved very popular with the senior girls. Not the least gratifying aspect of this endeavour is the enthusiasm with which the nurses themselves have embraced the opportunity, at the cost of much hard work, to promote a knowledge of healthy living in the citizens of tomorrow.

## HANDICAPPED PUPILS.

Dr. J. C. Preston, Deputy School Medical Officer, who undertakes most of the ascertainment and supervision of handicapped children, reports as follows:-

"The serious problem of accommodation in the schools for normal children which has beset education authorities since the end of the War has tended to overshadow the needs of the numerically smaller groups of handicapped pupils. When limitations on labour, materials, teachers and public expenditure make it impossible to satisfy all the claims which merit attention, it is inevitable that the larger problems receive priority. The needs of handicapped children have nevertheless, a special claim upon the public conscience. Normal children are resilient and can, if need be, surmount difficulties and inadequacies in the provision made for them. Handicapped children require not less, but more than normal children, and need it for a longer time. Special Schools are costly to provide and maintain, and the results obtained are sometimes unspectacular and only gradually to be discerned. But so long as our provision for these children remains partial and incomplete, we are confronted at the same time with a challenge and a reproach:

'Placed at the door of Learning, youth to guide,  
We never suffer it to stand too wide'

These children, by reason of their disabilities, are frequently late in starting education and their subsequent careers are interrupted by ill-health or the demands of lengthy hospital treatment. Even under the most favourable circumstances it takes them longer to reach the best of which they are capable, a fact which has long been recognised by the fixing of the upper limit of compulsory school age at sixteen years for special school children. When to this is added a waiting list of two years or more, in some cases, for a place in a special school, the plight of the handicapped child is serious indeed.

The awakening of public concern for these children is shown by the increasing number of voluntary bodies, each interested in a special problem, which has come into existence. Among these may be mentioned The Central Council for the Welfare of Spastics, the National Spastics Society, the Infantile Paralysis Fellowship, the Deaf Children's Society and the Association of Parents of Backward Children. Properly guided, there is an immense field for voluntary effort in the welfare of the handicapped, as has been abundantly demonstrated by the outstanding services rendered by the older established organisations such as the Invalid Children's Aid Association, the Central Council for the Welfare of Cripples, and the National Association for Mental Health. Local education authorities are striving, under formidable difficulties, not merely to carry out their statutory duties, but to provide a service which will offer to the handicapped child an incentive and an opportunity to overcome his disability and to develop his potentialities to the fullest extent. Enlightened voluntary



effort which seeks to help the handicapped to help themselves, and to co-operate with the local authority in the aims and ideals which are common to both, can be productive of nothing but good.

In June, Dr. D.K. Paterson, assistant School Medical Officer, was approved as a certifying officer for the ascertainment of educationally subnormal pupils. All the Medical Officers at present employed in the Department are now approved for this purpose.

The provision of Home Tuition under Section 56 of the Education Act 1944, which was begun last year, has proved to be a most successful and worth-while development, thanks largely to the enthusiasm and resource of the Teacher for Home Tuition, Mrs. W.M. Prowse. The numbers involved are small - nine children were visited regularly at home, and seven others for varying periods while in hospital - but the value of the service is evident in the response obtained from the children, some of whom are very severely handicapped, and in the gratitude of the parents who find encouragement to persevere in their own efforts to lead these unfortunate children at least some distance along the road to self-sufficiency. The interest and co-operation of the parent is of cardinal importance because it is only possible for the teacher to visit each child twice a week for a period of about an hour. Many of these children can only sustain their interest and effort for short periods at a time, and need constant repetition before they can acquire even the simplest manual skill. The time and patience of an understanding mother who fills in the gaps between the teacher's visits by helping her child to put into practice the methods demonstrated at the lessons is abundantly justified by the quickening of achievement which rewards her perseverance. The decision to recommend some of these children for home tuition was made with reservations on account of the severity of their handicap which makes it doubtful if some of them will ever be able to attend even a special school. The experience of the first year has fully vindicated the experiment; even though some children will never earn their living or indeed reach a useful standard of educational attainment, they will at least have achieved some degree of social development and a wider mental horizon.

In October, at the request of the Hospital Management Committee, arrangements were made for the teacher for home tuition to visit the children's wards at Southend General Hospital twice weekly in order to provide some education for long-stay child patients. Despite the handicap of a wide age range and the changing composition of the class as patients come and go, the innovation proved both popular and of real value to the children. The physical circumstances of working in a hospital ward are such as to tax the ingenuity of the teacher but the hospital staff have

been most helpful and appreciative and have done everything possible to facilitate the work.

### SPECIAL SCHOOLS.

"The need for a new day special school for educationally sub-normal pupils has become more pressing as the waiting list for St. Christopher's School grows longer. The accommodation at the present school is both insufficient and out-of-date, and the building itself would require considerable expenditure on maintenance if it were to continue in use indefinitely. Fortunately it is hoped that the new school will be erected during the financial year 1954-55. In the meantime the present school continued without any noteworthy changes during the year.

In the last report a full account was given of the Day Open Air School, which re-opened in September 1951. As was intended, the allocation of places there which began slowly, increased progressively as the school became more widely known and appreciated, and by May all the 60 available places were filled. It was possible to discharge some of the children who had recovered from temporary ill-health at the end of the spring term, and thus to keep pace with new applications. At the end of the year there were 64 children on roll, although, as is inevitable in schools for delicate children, the average number in attendance was somewhat lower.

Work was begun on the erection of the two new classrooms to increase the number of places in the school to 120, and ultimately enable it to provide secondary education instead of primary education only as at present.

The need for special transport, to which reference was made last year, was amply demonstrated with the passage of time and in November the single experimental omnibus route was replaced by two circuits, one for the eastern and one for the western half of the Borough. It is likely that this present arrangement will need to be supplemented later, either by extending the routes or by the provision of individual transport for a few of the more severely handicapped children for whom the only alternative is a residential school.

The physical progress of the children during the first full year of the school's revival fully maintained the early promise of the first term. Even the more severely and permanently handicapped children improved in general health and well-being and were able to make more regular attendance than was possible for them in ordinary schools. The deputy school medical officer visits the school each week, re-examining a number of the pupils each time so that their progress can be reviewed at frequent intervals.



The consultant paediatrician, Dr.R.H.Dobbs, visits the school periodically and is always accessible for consultation with the school medical officer on the problems of individual children at Southend General Hospital. Many of the children attend the Department of Physical Medicine at the hospital, and through the courtesy of the Director, Dr.I.F.Fraser, those who require breathing exercises go over from the school in an organised party for a regular weekly session.

The Authority provides no residential special schools, and the following table shows the number of children maintained in schools of this type during the year: "

#### BLIND AND PARTIALLY SIGHTED.

	Boys	Girls
West of England School for the Partially Sighted	1	2
Dorton House, Aylesbury ... ..	3	"
Brighton School for Partially Sighted Boys ...	1	"
Barclay School for Partially Sighted Girls ...	-	4
Lindon Lodge, Wimbledon ... ..	1	"
Royal School for Blind, Leatherhead ... ..	"	1

#### DEAF AND PARTIALLY DEAF.

	Boys	Girls
Royal School for the Deaf, Margate ... ..	5	1
Royal Institution for the Deaf, Derby ... ..	"	2
Royal School for the Deaf & Dumb, Martley, Worcester ... ..	"	"
Brighton School for the Partially Deaf ... ..	3	2
Beverley School for the Deaf (Boarded out; to attend as Day Pupil) ... ..	1	"
School for Jewish Deaf ... ..	1	"
Donnington Lodge for the Deaf ... ..	"	2

#### EDUCATIONALLY SUBNORMAL.

	Boys	Girls
Beacon School, Lichfield ... ..	1	"
Littleton House, Girton ... ..	1	"
Monyhull ... ..	1	"
Ramsden Hall ... ..	2	"
Sheiling Curative School ... ..	1	"

#### PHYSICALLY DEFECTIVE AND DELICATE.

	Boys	Girls
Hinwick Hall, Wellingborough ... ..	1	"
St.Catharine's Home, Ventnor ... ..	2	"
St.Monica's Home, Kingsdown ... ..	"	1
St.John's, Woodford Bridge ... ..	2	"
St.John's, Brighton ... ..	1	"
Anthony and Annie Muller Home, Broadstairs ...	1	"
Dedisham Convalescent Home ... ..	1	"
Hamilton House, Seaford ... ..	1	"
Puckle Hill House School ... ..	1	"
Hurst Lea School, Kingsgate ... ..	1	"

#### EPILEPTIC.

	Boys	Girls
Colthurst House ... ..	1	"

#### MALADJUSTED.

	Boys	Girls
St.Catharine's Home, Almondsbury ... ..	1	"
Nazeing Park School ... ..	1	"
Chaigeley School ... ..	1	"

## NURSERY CLASSES.

The nursery classes at the Open Air School, Bournemouth Park Road, and Thorpe primary schools were continued as before during term time, but owing to the pressure on accommodation the Committee decided with regret, to close the Thorpe Nursery Class after the end of this year, and incorporate the remaining children in a reception class in the Infants' Department.

The health of the children in the nursery classes was good, and no special problems of infection were encountered. With very few places available some degree of selection on grounds of special need is inevitable, and the Committee and the respective head teachers have always given most sympathetic consideration to recommendations of the school medical officer on behalf of children who, it is thought, would benefit from admission to a nursery class on personal or environmental grounds.

## YOUTH EMPLOYMENT SERVICE.

Close co-operation is maintained by personal consultation with the Youth Employment Officer on the special problems of handicapped children when they leave school. The school leaving reports are scrutinised by the school medical officer in conjunction with the children's medical records, and where appropriate, recommendations are made with regard to limitations on choice of employment. The large amount of seasonal trade in a town like Southend-on-Sea presents an additional hazard for the handicapped juvenile if he is not protected by registration as a disabled person, since the less efficient workers are liable to be the first to feel the impact of redundancy. Careful placement in employment suited to their disability is therefore of prime importance in the welfare of the handicapped.

## EMPLOYMENT OF SCHOOL CHILDREN.

After a slight decline last year the upward trend of applications for employment has been resumed, and during 1952 there were 400 children medically examined for this purpose, 334 boys and 66 girls, of whom 73 boys and 22 girls were pupils attending secondary grammar schools.

In addition 1 boy and 34 girls were examined for temporary theatrical employment.

## TRAINING OF DISABLED PERSONS.

Comment has been made in previous reports on the declining usefulness, since the advent of the National Health Service, of the system of medical examination of students attending training courses for the disabled at the Municipal College. The arrangements



appear to be falling into disuse, and no students were presented for examination this year.

#### SCHOOL HYGIENE.

The School Medical Officer advises the Committee on special problems of hygiene arising in the schools and School Meals Service. Reference has been made to the latter in the section on Provision of Milk and Meals earlier in this report.

An outbreak of plantar warts in one of the secondary grammar schools proved rather troublesome, involving a review of the arrangements for shower baths and the use of plimsoll shoes for physical training.

The difficulties of accommodation in the primary schools necessitated the continued use of church and other halls as supplementary classrooms at Eastwood, Chalkwell, Bournemouth Park, Prittlewell, St. Helens, and Sacred Heart Schools, and the re-opening of the former Southchurch National School as an annexe to Hamstel Primary School. The problems of hygiene presented by the use of this type of accommodation were considered in last year's report.

#### SPECIAL INVESTIGATIONS.

1. A joint committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee has been conducting on a national basis, a Survey of the Health and Development of Children since 1946. The children who are the subject of the Survey were all born during a single week in March of that year, and their progress from birth onwards has hitherto been followed and recorded periodically under arrangements made by local health authorities. They are now of school age and accordingly education authorities were asked to make similar arrangements for their continued follow-up. This involves the completion of a questionnaire twice yearly by the school nurse from information obtained from the parent and the head teacher regarding school absences, and a periodical medical examination at which the child's physical health and developmental progress is re-assessed and recorded. The success of a long term research project of this nature depends very much on the number of children who remain in the survey throughout its full length. Thanks are due to the parents who have been very patient in answering repeated enquiries and submitting their children for examination. Social investigations of this sort can only be successfully undertaken when, as in this case, the public can be assured that the detailed information asked for is confidential and will not be published in a form which would enable it to be identified with a particular

child. The results of the earlier phases of the Survey, which are now becoming available, indicate that it is likely to provide information about the progress of children in relation to their environment and opportunities' which will be of real value.

2. In the autumn term an outbreak of epidemic nausea and vomiting occurred, mainly affecting Hamstel Primary School, though some cases were reported from other schools in the eastern area of the Borough.

Enquiry showed that cases presenting an identical clinical picture were occurring at Hamstel School chiefly in the Infants and Junior Girls Departments. There was no time relationship to food, and less than half the affected children had dinners at school.

The clinical features of the illness were:

- (a) Slight general malaise, with mild pyrexia in some cases.
- (b) Nausea without abdominal pain.
- (c) Precipitate and uncontrollable vomiting, of short duration and not often repeated.
- (d) Slight giddiness was complained of fairly frequently, but headache was unusual.
- (e) Diarrhoea occurred only in a minority of cases.
- (f) Rapid and complete recovery, usually within one to three days, and without any residual debility.

#### INFECTIOUS DISEASES.

##### (a) POLIOMYELITIS.

The largest outbreak of poliomyelitis in the history of the Borough began toward the end of June, and altogether 102 cases are known to have been associated with it. The disease was first centred in the Infant Department at Hamlet Court Road School, but there was also early evidence of associated district spread in the Westcliff area. When the schools were re-opened after the summer vacation multiple cases were associated with Richmond Avenue School, Thorpe Infant School and St. Mary's School, but in these schools fewer children were affected and the explosive features of the earlier outbreak were not repeated.

The disease behaved in a way hitherto unknown in Southend-on-Sea, and strong evidence of case to case linkage was forthcoming in many instances together with numerous examples of multiple cases in the same household.

Hitherto, the distribution of poliomyelitis has not followed any discernible pattern and its course has been quite unpredictable;



each recognisable case was thought to be accompanied by a number of "silent" infections so that quarantine and school closure have not offered much prospect of influencing spread. The alterations in the behaviour of the disease have however called for new methods. Parents of children in attendance at Hamlet Court Road Infant School were informed of what had happened and told it was illogical to keep children away from school while not, at the same time preventing them, by house and garden quarantine, from running the risks of infection which their exposure in public transport, places of amusement, etc. entailed. No attempt was made to induce parents to send children to school and ordinary measures to ensure school attendance were suspended.

Within 14 days of the beginning of the Autumn Term poliomyelitis appeared in several schools. It was then logical to assume that class closure for three weeks would discourage the spread of infection and where this measure was applied there was no reason to be disappointed with the sequel, although it must be admitted that there is no positive evidence of the effect of this action.

The disease was most frequent in the 5 to 10 age group, so there was good reason to discourage new groupings of younger children in the areas most heavily affected. The Education Committee agreed to postpone the admission of entrants to Hamlet Court Road Infant School for some weeks, and parallel action was taken by many of the private schools in respect of children living in the same area. The organisers of Sunday Schools, youth clubs and youth movements also co-operated by restricting and discouraging the recruitment of new members during the early part of their autumn session.

On September 11th, that is, two days after the new term began, two cases of poliomyelitis were notified from an isolated area in Shoeburyness, where the circumstances all pointed to the likelihood of district spread. Children living in this area attended Hinguar Street Infant School, Shoeburyness High School and certain grammar schools. Admission to the infant school is restricted to a small district but the High School takes children from as far afield as Westcliff, while the grammar schools have pupils from all over the Rochford Hundred, thus a real possibility of introducing infection widely at a time when the holidays had intervened to break any pre-existing links of infection, was to be apprehended. House to house visitation the same evening stopped the school attendance of some 50 children living in this enclave, school clerks and meals attendants living there were also excluded. Vindication of this action was not long delayed. The brother and the husband of one patient developed poliomyelitis and a grammar school pupil who had been in contact with both

original cases, sickened the next day and died of bulbar paralysis within five days. In none of the schools in which infection by children living in this area was possible, were there any cases of poliomyelitis which could conceivably have arisen from this focus.

Whenever the possibility or likelihood of school spread was envisaged, medical officers attended daily to inspect children in school, to advise about minor illnesses and to investigate causes of absence. This work imposed a heavy burden on medical officers and health visitors alike and made great demands on the school teachers and the school welfare officers. Nevertheless it reassured parents and satisfied responsible opinion that all practicable measures to deal with the situation were being taken. In the anxious circumstances, which existed until the end of October the full support of the Education Committee and the Chief Education Officer was always forthcoming, and to them, and to the teachers and the school welfare officers I am deeply indebted.

It is difficult to overrate the importance of "public relations" when poliomyelitis is present. Parents justifiably fear a disease which though ushered in with commonplace, trifling and uncharacteristic symptoms may in a few days result in death or produce serious life-long paralysis. The confidence and co-operation of parents is best secured by giving them reliable information and rational advice, in the dissemination of which, the local press has an indispensable part to play. We are all indebted for the sober and unsensational presentation of the facts which reassured the public and enhanced the reputation of responsible journalists.

### Results:

There were 80 confirmed cases in children under the age of 16 years, of whom 25 were children of pre-school age and 55 between 5 and 15 years. The following table shows the numbers and percentage distribution of the cases according to clinical severity

	0-4 yrs		5-9 yrs.		10-15 yrs.		Total	%
	M	F	M	F	M	F		
Fatal ...	-	-	2	1	-	1	4	5.0
Paralytic ...	7	3	6	9	1	1	27	33.75
Non-paralytic	10	5	18	11	2	3	49	61.25
Total	17	8	26	21	3	5	80	100.0

A follow-up of the 27 children who suffered some degree of paralysis shows that 5 have left the district and of the remaining 22 there are 8 who now have no disability of any practical consequence. Of the rest, 13 are, or will be, able to attend ordinary schools although some of them are still receiving



orthopaedic treatment and require a modified curriculum of physical training. Only one child has so far been found to require special educational treatment and is attending the Day Open Air School.

(b) SCARLET FEVER.

Scarlet fever has steadily become a milder disease, but diminished virulence has not resulted in a lessening of notifications or of the other protean manifestations of streptococcal infection. Ordinarily the infectivity of scarlet fever is not to be compared with say measles and whooping cough, but from time to time, the disease spreads through a school class. During the spring and summer terms scarlet fever maintained a relatively high incidence throughout the Borough and endemic spread recurred in certain schools with multiple cases in some classes. Localised outbreaks of this nature were investigated at Prince Avenue, St. Mary's, West Leigh Primary, Bournemouth Park Road and Richmond Avenue Schools, and at a private preparatory school.

When the ordinary measures of exclusion and follow-up inspection were not effective in controlling the spread of the disease a medical officer visited the school at frequent intervals, sometimes daily, to examine the children in the affected classes and exclude any showing evidence of potential infectivity. This policy, though time-consuming, undoubtedly justified itself by the early and sometimes abrupt end of the outbreak following on the discovery and segregation of a source of infection. In particular two truths were demonstrated: neither is new, but each requires reiteration. Firstly, to search for and exclude infected individuals is more useful than the routine exclusion of "Contacts", and secondly, careful clinical examination can often incriminate the infective child. When scarlet fever is prevalent in a school, an embarrassingly large number of positive results will always be obtained from throat swabs, which are difficult to evaluate. If these are used as a basis for exclusion from school, many children whose potentiality for harm is at most, of short duration, and in some cases negligible, will be kept out of school without any real benefit to the others. Selection on clinical grounds, supplemented by swabbing, results in fewer exclusions and distinguishes children with a pathological condition of the upper respiratory tract from those temporarily harbouring the haemolytic streptococcus. One other factor is deserving of emphasis: clinical impression and epidemiological experience alike confirm the view that lesions of the nose are more important than the throat in the spread of scarlet fever.

(c) TUBERCULOSIS.

Each year fewer people are dying of tuberculosis and lately the decline in this death rate has been considerable. The amount of illness caused by the tubercle bacillus has not yet lessened proportionately, so the need to prevent the disease is as great as ever, particularly as the success of the newer remedies may not be sustained if resistant strains of the bacillus are developed.

A better understanding of the natural history and spread of pulmonary tuberculosis has followed improvements in methods of investigation, among the more important of which are the Mass Miniature Radiography Units, provided as part of the National Health Service, as well as the tuberculin test in the form of jelly or intra-dermal (Mantoux) injection which demonstrates "sensitivity". Children are most often infected by the small circle of adults with whom they are in frequent or sustained contact, and we have been able to show that all the children who have developed tuberculous meningitis in recent years had an infecting adult in their family circle, whose condition has nearly always been quite unsuspected until the child's illness has been investigated; the same is often true of school entrants who show reaction to the tuberculin jelly test.

*Ministry of Education Circulars Nos. 248 and 249.*

Other, though less frequent, sources of infection are school teachers and school helpers among older children, other school-fellows. These risks of infection have been underlined most effectively in two reports of the Joint Tuberculosis Council, so the recent decision of the Ministry of Education to require the x-ray examination of those entering the teaching profession is welcome. By itself, this measure can only have a limited usefulness so it is to be hoped the time will soon come when all adults working in close and sustained contact with organised groups of children will be required annually to undergo radiological examination of the chest.

In the meantime employing authorities can greatly help by encouraging their staffs to attend for examination when the Mass Miniature Radiography Units are available, by affording generous sick leave and other permissible concessions to staff who develop the disease, and by arranging for prompt, systematic and informed scrutiny of medical certificates presented by their employees who become ill.

When a school child is notified as suffering from pulmonary tuberculosis rigorous investigations should follow unless the infection can be readily explained by conditions at home.



Occasion for this occurred in one of your grammar schools this year; it was decided to offer the tuberculin-jelly patch test to all girls in the fifth and sixth forms. When the reasons for doing this were explained there was a ready response by both girls and parents; the survey provided no evidence of a focus of infection in the school, and also gave valuable information and experience in the planning of further investigations.

On the occasion of the first visit of the Mass Miniature Radiography Unit to Southend, (1950/1951) all children over the age of 14 were encouraged to present themselves for examination. The amount of active disease thus revealed was gratifyingly small so that when the unit came back in November of this year it was thought well to restrict radiological examination to children who were known reactors to the tuberculin-jelly patch test. At comparatively short notice arrangements were made to offer the test to all children born prior to September 1st, 1937, and 1794 children were tested, of whom 1,051 were reported as positive reactors; all these were invited to attend the unit. A total of 1,007 attended, 29 being asked to return for more detailed investigation. Finally, 4 were referred to the chest clinic and of these 2 were regarded as inactive primary infections, and 1 as inactive post-primary infection. These results are gratifying and reassuring.

The proportion of positive reactors in the jelly test survey varied very much from school to school and the results clearly called for a further investigation which was undertaken in 1953.

It is however appropriate to record that the marked differences in the results obtained from the tuberculin-jelly patch test from the Southend High School for Girls and the Southend High School for Boys respectively, were not repeated when retesting by the intra-dermal injection of 0.1 cc 1/1000 tuberculin was carried out. In this later series the proportion of positive reactors was the same (25%) in each school, a result which, in the absence of a school focus of infection, was to be expected from children coming from the same areas, and sometimes from the same families.

# PRIMARY AND SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS: YEAR ENDED 31ST DECEMBER, 1952.

TABLE I.

## A. PERIODIC MEDICAL INSPECTIONS.

*Number of Inspections in the prescribed Groups:-*

Entrants	...	...	2,797
Second Age Group	...	...	1,414
Third Age Group	...	...	1,641
<i>Number of other Periodic Inspections</i>			-
Total			<u>5,852</u>

## B. OTHER INSPECTIONS.

Number of Special Inspections	5,624
Number of Re-Inspections	...
Total	<u>4,131</u>
	<u>9,755</u>

## C. PUPILS FOUND TO REQUIRE TREATMENT.

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	18	216	233
Second Age Group	60	96	153
Third Age Group	90	140	227
Other Periodic Inspections	-	-	-
Grand Total	168	452	613



TABLE II.

A.- RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDED 31ST DECEMBER, 1952.

Defect Code No.	Defect or Disease  (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Re- quiring treat- ment  (2)	Requiring to be kept under ob- servation, but not re- quiring treatment  (3)	Re- quiring treat- ment  (4)	Requiring to be kept under ob- servation, but not re- quiring treatment  (5)
4	Skin ...	135	76	367	46
5	Eyes-(a) Vision ...	168	444	1073	25
	(b) Squint ...	24	83	28	6
	(c) Other ...	50	4	127	26
6	Ears-(a) Hearing ...	25	26	34	22
	(b) Otitis Media ...	8	-	71	15
	(c) Other ...	-	1	47	13
7	Nose or Throat ...	58	330	156	62
8	Speech ...	13	36	21	6
9	Cervical Glands ...	-	49	42	3
10	Heart and Circulation ...	-	21	3	4
11	Lungs ...	6	175	73	35
12	Developmental:-				
	(a) Hernia ...	5	20	2	-
	(b) Other ...	14	121	6	8
13	Orthopaedic:-				
	(a) Posture ...	6	135	9	1
	(b) Flat foot ...	7	51	23	1
	(c) Other ...	36	121	100	13
14	Nervous system:-				
	(a) Epilepsy ...	1	44	5	1
	(b) Other ...	-	-	15	8
15	Psychological:-				
	(a) Development ...	4	28	22	8
	(b) Stability ...	4	31	243	1
16	Other ...	84	173	945	463

B.- CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED  
DURING THE YEAR IN THE AGE GROUPS.

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col 2	No.	% of col 2	No.	% of col 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	2797	854	30.5	1932	69.1	11	0.4
Second Age Group	1414	398	28.1	1009	71.4	7	0.5
Third Age Group	1641	483	29.4	1153	70.3	5	0.3
Other Periodic Inspections...	-	-	-	-	-	-	-
Total	5852	1735	29.6	4094	70.0.	23	0.4

TABLE III

## INFESTATION WITH VERMIN.

(I)	Total number of examinations in the schools by school nurses or other authorised persons...	44,273
(II)	Total number of individual pupils found to be infested ... ..	234

TABLE IV

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

- Notes - (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

## GROUP I - DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

				Number of cases treated or under treatment during the year	
				By the Authority	Otherwise
Ringworm - (i) Scalp	...	...		-	-
	(ii) Body	...	...	9	-
Scabies	...	...	...	10	-
Impetigo	...	...	...	40	1
Other skin diseases	...	...		379	29
Total				438	30

## GROUP 2 - EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				Number of cases dealt with	
				By the Authority	Otherwise
External and other, excluding errors of refraction and squint	...	...		217	13
Errors of refraction (including squint)	...	...	...	867 *	26
Total				1,084	39

## Number of pupils for whom spectacles were

(a)	Prescribed	...	...	505 *	16
(b)	Obtained	...	...	148 *	14

\* Including cases dealt with under arrangements with Supplementary Ophthalmic Services.



GROUP 3 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

		Number of cases treated	
		By the Authority	Otherwise
Received operative treatment			
(a) for diseases of the ear	...	-	19
(b) for adenoids and chronic tonsillitis	... ..	-	209
(c) for other nose and throat conditions	... ..	-	13
Received other forms of treatment	...	152	11
	Total	<u>152</u>	<u>252</u>

GROUP 4 - ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	... ..	23
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	... ..	354

GROUP 5 - CHILD GUIDANCE TREATMENT.

		Number of cases treated	
		in the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	... ..	229	-

GROUP 6 - SPEECH THERAPY.

		Number of cases treated	
		By the Authority	Otherwise
Number of pupils treated by Speech Therapist	... ..	99	-

GROUP 7 - OTHER TREATMENT GIVEN.

		Number of cases treated	
		By the Authority	Otherwise
(a) Miscellaneous minor ailments		838	1,070
(b) Orthoptic treatment	...	-	298

TABLE V

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the  
Authority's Dental Officers: -

(a) Periodic age groups	...	...	3,515
(b) Specials	...	...	<u>3,138</u>
(c) TOTAL (Periodic and Specials)	...		<u>6,703</u>

(2) Number found to require treatment	...	5,698
(3) Number referred for treatment	...	5,432
(4) Number actually treated	...	5,314
(5) Attendances made by pupils for treatment	...	8,477
(6) Half days devoted to: -		

(a) Inspection	...	...	15
(b) Treatment	...	...	<u>830</u>
Total	...		<u>845</u>

## (7) Fillings: -

Permanent Teeth	...	...	2,980
Temporary Teeth	...	...	<u>119</u>
Total	...		<u>3,099</u>

## (8) Number of teeth filled: -

Permanent Teeth	...	...	2,909
Temporary Teeth	...	...	<u>119</u>
Total	...		<u>3,028</u>

## (9) Extractions: -

Permanent Teeth	...	...	1,342
Temporary Teeth	...	...	<u>6,803</u>
Total	...		<u>8,145</u>

(10) Administration of general anaesthetics for  
extraction

...	...	...	3,988
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## (11) Other operations: -

(a) Permanent Teeth	...	...	2,224
(b) Temporary Teeth	...	...	<u>...</u>
Total	...		<u>2,224</u>











